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Original Articles.

REPRESENTATIVE COUNTRY PRACTITIONERS OF ILLINOIS.

BY THE EDITOR.

This is a Metropolitan JOURNAL. It aims to be a leader rather than a follower in matters of professional concern. It would be pleased if it could always be first to announce every new discovery in therapy of genuine worth, and foremost in the fight for the overthrow of that which is false and unreliable. Nevertheless we like the country practitioner. Generally speaking, he has our respect, esteem and confidence. In view of all the facts, we cannot but regard him as the balance wheel of the great medical profession in this country, and accord him, figuratively speaking, the place of backbone in the anatomy of it.

A moment's reflection on the part of the thoughtful man explains why this is. The country practitioner, broadly speaking, is first and foremost a good citizen, probably a leading citizen. He is intelligent, well informed, progressive, careful, conscientious and honorable. He goes on his way modestly and unobtrusively, never forgetting, that behind him is the conserved wisdom of six thousand generations of healers of the sick. He relies more confidently for his own guidance upon this, than in his own ability to discover new means or methods for himself, or that of his contemporaries, willing and anxious at all times to take up the new as soon as it has proven worthy.

With the city doctor, again broadly speaking, the case is different. His surroundings are doubtless in a large measure to blame. City life nowadays is necessarily strained and intense. It is a rush, hurry and hurrah from year's end to year's end. The doctor at every turn encounters the sharpest possible competition. He perceives that if he is to be a success he must be

something or do something to bring him into the public gaze. From force of circumstances more than from the behests of his judgment, or as a result of his own investigations, he embraces at the earliest possible moment any new fad or theory that may be engaging the popular attention. If possible he gets himself interviewed by the reporters of the public press and has all the satisfaction and material rewards of a great "scoop" in case the papers of his city announce that he is the first in the community prepared to apply diphtheria antitoxin or whatever new panacea may be uppermost. Such announcements are ordinarily accompanied with stories detailing by what remarkable means "a small vial of the precious stuff" has been acquired, stories about as gauzy as that employed by a certain patent nostrum vendor who claims that he has his receipts from an old missionary who in turn had obtained them in the far East from a dying Magi, the last of his ancient caste. The embarassments of the city doctor are vastly multiplied by his pretended adherence to the code of medical ethics. His practices and his preaching are at daggers drawn. The result is not happy. City doctors who do not resort to such methods for advancing their interests in some guise or other are insignificant indeed. The readiness with which city doctors endorse every new and popular fad, and put themselves on record as ardent supporters of it, positions from which they have to withdraw later, is unquestionably the cause of most of the ridicule which is heaped upon our profession, the direct reason for whatever discredit we may be in among the laity to-day. Just now it looks as though the shriekers for the germ theory of diseases had in store a large number of particularly disagreeable "back tracks." The germ fad has prevailed for an unusually long time. It has been carried to extremes unknown before. It has attacked the communion cup, the kiss of lovers, the hand grasp of friends; and, if unchecked, where and when it might end no man can say; but it has run its course. Among others the great Lawson Lait in England has emphatically declared against the craze (see Dec. issue *Buffalo Medical and Surgical Journal*). In this country the no less distinguished Dr. Joseph Price, of Philadelphia, in a paper read before his medical society, Nov. 28, 1894, emphasized all that Lawson Tait

said on the subject, declaring among other things, "I have come to the conclusion that the characteristic bacillus of tubercle about which I am sure there can be no doubt whatever that it exists, is a "*product of the disease and not its cause.*" These, in briefest outline, are some of the causes that have increased our respect and regard for the country practitioner; are a few of the reasons why we accord him the first place in the medical profession of this country rather than our noisier brother, the city doctor. Holding these views regarding the relative positions, with a view possibly, of in some measure evening up the opportunities, we have decided to publish this series of biographical articles regarding country doctors, and to ask some of our friends to aid us by giving us their photographs for illustrating them. Our object is three-fold: to increase the popularity of the JOURNAL; to introduce our friends and supporters to each other, and to pay deserved compliment to the best element of the profession who do not seek publicity of themselves.

We begin with the great State of Illinois. In no State has there been a more rapid development, and in no State has the medical profession played a more important part. There is hardly an office, aside from the judiciary, which has not been ably and honorably filled by some member of our great profession; and in no commonwealth have the doctors been more faithful guardians of the public health.

The first to respond to our invitation for a photograph, and first in our illustrated group is:

1. W. T. Thurman, M. D., of Philadelphia, Ills. He graduated at the Mo. Med. College in the Spring of 1885, has therefore been practicing medicine ten years. Dr. Thurman has been greatly benefited in his work by the fact that he is a registered pharmacist. He is only forty years old.

2. Dr. J. W. Allison, Essex, Ills., is a native of Shelby county, Ind. He explains, that, as he is a bachelor he will not give his age for obvious reasons. He is a graduate of the Cincinnati College of Medicine and Surgery, class 1877. Since graduating he has been located at Essex, where he has a large general practice. He was a member of the famous legislature that elected John M Palmer United States Senator. Dr. Allison voted for him 153 times.

3. Dr. N. B. Bristow has practiced medicine at Flat Rock, Ill. for nearly twenty years continuously. He is a graduate of the Medical Department of the University of Louisville class 1875. He is now 41 years old.

4. Dr. D. C. Linn, of Frederick, Ills., kindly complied with our request for his photograph, but did not give us any facts concerning himself or his practice.

6. Dr. J. A. Blanchard, of Cobden, Ills., is 41 years old and has practiced medicine 25 years.

7. Dr. A. C. Low, Albion, Ills., has favored us with no data regarding his professional career.

8. Norman Leeds, M. D., of Bellmont, Ills., states that his photograph looks rather younger than he does now. Dr. Leeds graduated from the Hospital College of medicine at Louisville three years ago, since then he has been building a good practice. It is probable that the wear and tear of three years—busy, anxious years, have left some trace in his face.

9. James Robert Landers, M., D., Rossville, Ills., is the son of Dr. James H. Landers, was born Aug. 4th, 1861, in Bullitt Co., Ky. He is a graduate of the Central University, of Ky., received the degree of Doctor of Medicine from the Hospital College of Medicine, of Louisville, Ky., in 1885, and has been in active practice ever since first located at Louisville, since 1890 at Rossville.

10. David Ellis, M. D., Augusta, Ills., is a native of Bourbon Co., Ky., born May 4th, 1826. He graduated from the Medical Department of the University of Louisville class 1852. Settled in Augusta the same year where he has since practiced medicine. Dr. Ellis was a member of the constitutional convention which adopted the present constitution of Illinois.

11. Dr. C. N. Ellingwood, of Chatsworth, Ills., is a native of East-port Maine, born Oct. 12th, 1858, graduated at the Bennett Medical College, of Chicago, in 1889, located at Chatsworth the same year where he has since resided building up a good practice.

12. F. Wylie Nash, M. D., Big Rock, Ills., is a native of New York state, born 1851. He secured the degree of M. D. from the Medical Department of the University of the City of New

REPRESENTATIVE COUNTRY PRACTITIONERS OF ILLINOIS.

15. Dr. O. M. Blood.....Elburn, Ills.
16. " Henry Altenbrandt .....Chicago, "
17. " E. T. Gobel.....Earlville, "
18. " S. Scruggs .....Sullivan, "
19. " J. C. Bennett .....Evanston, "
20. " M. R. Bailey and Wife.....Elliott, "
21. " W. H. Mahon.....Cooksville, "
22. Dr. A. Grim .....Franklin Grove, Ills.
23. " M. H. Watson.....Chebanse, "
24. " Wesley Park .....Grafton, "
25. " M. L. Moyer.....Butler, "
26. " H. W. P. Bartells.....Bensenville, "
27. " James Pankhurst .....Grand Detour, "
28. " J. E. Allaben .....Rockford, "
29. Dr. J. Berry .....Bay City, Ill

York class '85, served as an interne in the Institution for the Relief of the Ruptured and Crippled in the City of New York. Coming west he practiced for a time at Hot Springs, Arks., afterward in Chicago, Ills. In 1890 he settled at Big Rock where he has since resided. The same year he married Miss M. M. Watson, of Rockport, Ills.

13. Dr. C. H. Mordoff, Genoa, Ills., is a native of that state, born 36 years ago in Belvedere, Boom Co. He has practiced medicine 14 years, 13 at Genoa. Dr. Mordoff is an active member of many medical and secret societies, the trusted examiner of numerous large insurance companies.

14. Ithiel Silsby Stevens, M. D., for many years a practitioner at Green Valley, Ills. now located at Schuyler, Nebr. He is a native of Clermont, Co., Ohio. He graduated at the Cinti. College of Medicine and Surgery in 1880 and commenced practice at once in Ills. At present he has a flourishing practice in Nebraska. There have been physicians in Dr. Stevens' family for generations past.

15. Dr. Orville M. Blood, Elburn Ills., was born at Bloods, N. Y., July 26th, 1862, attended the State Normal school at Geneva, graduated in Medicine from the Bennett Medical College, of Chicago class of '88. In 1894 was appointed Asst. Prof. of Physiology of Bennett College. Has been Health Officer at Elburn for the past two years.

16. Dr. Henry Altenbrandt has not given an account of his medical career, judging from his appearance it must have been brief, but is certainly promising.

17. E. T. Goble, M. D., of Earlville, Ills., was born in 1850, graduated from Rush Medical College 1874, and has been in active practice ever since. Dr. Goble is a member of the leading medical societies of his state. His career has been an honorable one, and he has achieved success in his chosen profession.

18. Dr. S. Scruggs, Sullivan, Ills., is now in his fifty-sixth year. He has been a practitioner for nearly thirty years. He acceptably holds the difficult and delicate position of U. S. Examining Surgeon for pensions.

19. J. C. Bennett, M. D., Evanston, Ills., is 37 years old, has been in practice twelve years. Dr. Bennett makes a speciality

of the "diseases of the abdomen." He is Prof. of Anatomy and Phys. Diagnosis in National Medical College, of Chicago, formerly Prof. of Anatomy in the Kansas City Med. College. He is an honored member of several leading medical societies. We are indebted to Dr. Bennett for the photograph of a very remarkable tumor, which, with its history, we propose to have reproduced for the benefit of the JOURNAL readers at no distant day.

20. Dr. M. R. Bailey and wife, Elliott, Ills. Dr. Bailey was born in Harrisburg, Pa., in 1856. He attended Jefferson Medical College in 1875 and '76, graduated from Western Reserve University, Cleveland, Ohio, in 1882. Since that time he has been in active practice, first, for two years in Ohio, and later in Illinois. Dr. Bailey has a large practice among a hardy, healthy, and prosperous rural population, who hold him in high esteem in all respects.

21. W. H. Mahon, M. D., of Cooksville, Ills., is now forty years of age. He is a graduate of the American Medical College, St. Louis, Mo., class 1880. Since then he has been in active practice, achieving a marked and deserved success. Dr. Mahon is a partner in the prosperous drug concern of W. H. Mahon & Bro., of Cooksville.

22. Dr. A. Grim, Franklin Grove, Ills., graduated from the Rush Medical College of Chicago. Has practiced medicine fourteen years at Franklin Grove. Dr. Grim is a member of leading state and national medical societies, and local surgeon for the C. & N. W. R. R.

23. W. H. Watson, M. D., of Chebanse, Ills., has been a practicing physician for twenty-three years. He is a graduate at Rush Medical College, of Chicago. Dr. Watson is prominent professionally, socially, and politically. He is local surgeon of Illinois Central R. R.; examiner for several prominent life insurance companies, and is now serving his second term as postmaster. He was a private in the late war, serving three and one-half years; was a prisoner in Andersonville for nine and one-half months. These are a few of the many notable incidents of his long and honorable career.

24. Dr. Wesley Park, Grafton, Ills., is a physician of thirty-five years standing, and good standing too. He is thoroughly

equipped for his work, being a graduate both of the Chicago Medical College and of the Jefferson Medical College of Philadelphia. Dr. Park is now sixty years of age.

25. M. L. Moyer, M. D., Butler, Ills., has practiced medicine fifteen years. He is forty-four years old, and proprieter of a prosperous drug business in Butler.

26. H. W. P. Bartells, M. D. Bensenville, Ills., was born in Chicago on the 6th of April, 1863, and is a son of Dr. Fred. Bartells. The family has long been identified with the history of the northern portion of that State. Dr. Bartells was reared principally in Chicago. He completed his course of study at Ottawa high school and then became a student of Rush Medical College. He graduated in the class of 1885 and received a certificate of honor. He immediately thereafter located in Bensenville. In order to further perfect himself in his studies in 1891 he attended the Koniglichen Friedrich Wilhelms University of Berlin, Germany. Dr. Bartells was married in 1887 to Miss Edna Dierking. He is a member of several medical societies, and attending physician to the Evangelical Luthern School Teachers Seminary at Addison, and various insurance companies and lodges; president of the Board of Education, and is one of the village board. He now enjoys a fine practice; he is a close student; he has not only gained the confidence and good will of all with whom he has been brought in contact, but has also won a reputation which might well be envied by many an older practitioner. As a citizen he is enterprising and progressive, and the interests which are calculated to upbuild the community receive his support and co-operation.

27. Dr. James Pankhurst, of Grand Detour, Ills., was born in England fifty years ago; came to this country when he was six years old; was educated in the public schools; served as a private in the 69th Reg't Ill. Vol. Infantry; studied medicine after the war, first in the Medical Department of the University of Michigan, and afterwards at Rush College, from which institution he graduated in 1868. He has since engaged in active practice in Grand Detour; has held office in local medical societies and has been a member of the Board of Education for twelve years.

28. J. E. Aallaben, M. D., Rockford, Ills., is thirty-six years old, a graduate of the Medical Department of the University of Michigan, class 1883. He is especially interested in abdominal surgery, applying with a good degree of success the Murphy Anastomosis button. He is credited with being the first physician in Northern Illinois, barring Chicago, to diagnose and operate for appendicitis, and has done much to interest the profession in his community in it. He is a valued contributor to the medical press and an officer in medical societies.

29. Dr. Julian Berry, Bay City, Ills., was born January 23, 1855, in Livingston county, Ky. He studied medicine under the late F. L. Sim, M. D., of Tennessee, with whom he remained for several years, making the diseases of women a specialty. He graduated from medical school in the Spring of '82, after which he settled in Bay City, Ills., and devotedly applied his time to his chosen profession; has written many articles for the medical press, and is strictly ethical in all medical affairs. He is a member of the Christian church, a Master Mason and a Pythian Knight.

ANTITOXIN OF DIPHTHERIA.

By T. B. Greenley, M. D., Meadow Lawn, Ky.

This so-called remedial agent is at the present time producing as much excitement and credulity, apparently, in the treatment of diphtheria, as did the celebrated tuberculin, or Koch's lymph, in the treatment of tuberculosis a few years since.

It would seem to be a hard thing for the majority of physicians to be patient enough to wait for a full and fair test of so-called remedies, before they allow their credulity to go so far as they have in recent times in praise of certain fads in medicine, which proved to be entirely fallacious.

We might simply allude to the Bergen method of treating consumption; the cabinet cure for the same disease; the Brown-Sequard rejuvenating liquid; the tuberculin, and *id genus omne*, all of which produced their several amounts of excitement and

praise as remedies, but under the test of common sense soon became numbered with the things of the past.

It would be a great blessing to childhood if the prospective virtues claimed for the antitoxin of diphtheria are not fallacious. I allude to its alleged immunizing effect. We all know that one attack of diphtheria does not produce immunity in a person from a second attack. Then we should be easily convinced of the fallacy of the claimed effects of the antitoxin serum. Of course if the toxin introduced into the horse produces antitoxin, that same poison produced in the child will generate antitoxin, provided the patient survives, and should have the same effect in securing immunity as that claimed for the serum of the horse. If diphtheria is a disease like small-pox or measles, one attack being a preventive to future attacks, then we might have faith in the immunizing property of the antitoxin.

Now as to the remedial virtues of the antitoxin. I believe we have no knowledge of any case wherein the product of a disease has proven to be a remedy for the same. We all know that vaccinia is not a remedy for variola, but a prophylactic.

In August 1890 at the meeting of the International Medical Congress at Berlin, Prof. Koch announced that he believed he had diagnosed a remedy for the great scourge of the human race, consumption. This mere announcement, coming from such a man, so high up in the medical profession, produced a great hope in the mind of the profession that something wonderful in the way of a remedy was about to come to our aid in the management of that terrible malady. I acknowledge that I was equally impressed with the hope of great results from this announcement, and waited, you might say, impatiently to hear of the character of the great discovery, until in November of the same year, when he gave a partial account of his remedy. Upon reading this my great hope was at once completed blasted. I published a paper on the subject, soon after, giving my reasons for doubting the virtues of the lymph from the fact it was prepared from a product of the disease for which it was claimed to be be a remedy. The only hope I have in the antitoxin as a remedy is in its mild character, and that if it does no good, it

will do no harm. Koch's lymph contained the toxin of the disease and acted as a poison. It seems from reports that there is little difference in the effects of a gramme dose or a 20-gramme dose of the antitoxin.

We should school ourselves under circumstances of the kind to wait with patience until proper and rational investigations are made and correct results reported.

DOUBLE INGUINAL HERNIÆ.

By John Zenner, M. D., Kansas.

H. R., age 74, possessor of a double inguinal herniæ, attended, in August '92 a G. A. R. Reunion at Wichita, leaving his truss at home, it being unfit for use. Taking a walk with a friend through the park he was suddenly taken with severe pains, which compelled him to lay down on the porch of an unoccupied house. The friend (?) departed. Late in the evening he managed to creep on all fours to a house occupied by persons who took him in. He remained during the night suffering without medical aid. In the morning they brought him to the train, on which he arrived home. Being called I found both herniæ incarcerated and so much tenderness that taxis at the time was out of the question. I made a hypodermic injection into the sac of ¼ gr. morphine and 1-100 atropine, procured two silk sponges, saturated them with sulphuric ether, put them on the herniæ and covered with compresses of ice water. A rectal injection of water, some borax and one drachm fluid extract of hyoscyamus, returned in due time, only carrying along some small hard scibalæ which perhaps had lodged in the sygmoid flexure. Pain became easier. Ether compresses continued during night, hips elevated to very near a Trendlenburg's posture. Next morning tried taxis under

chloroform but failed. Another morphine and atropine injection into the sac was made with quieting effect.

Soon stercoraceous vomiting set in. I advised an operation, which was stubbornly refused. I adopted the following treatment: cocaine gr. ¼ every three hours, tinct. digitalis and tinct. strophanthus, three drops of each, and one drachm of spirit nitr. dulc., four times a day in some carbonized icewater. Ice on tongue. Beef and wine in drop doses. Ether compresses on herniæ, a hypodermic of morphine and atropine, morning, and night, rectal injection every two hours, expecting his demise in due time. On the fifth day after incarceration I tried taxis again and succeeded. A rectal injection produced a copious stool and soon all morbid symptoms disappeared. I procured a well fitting truss. In two months afterwards he celebrated his golden wedding. This case is remarkable:

1. The age of the patient. 2. The time of incarceration before medical aid was obtained. 3. The severity of symptoms, and the quick restoration of all functions after reduction. I report his case for the benefit of young M. D's. to show what nature can accomplish with a little assistance.

Right here let me say that in many cases we trust too much to our superior knowledge, overlooking nature's forces. The young Dr. released from his *alma mater* thinks himself able to cope with the universe. But lo! The first hysterical woman brings him down a notch. The next poor baby suffering from intestinal troubles succumbing in spite of all theory and therapeutics, another notch; nothing to be said of chronic infirmities, neuroses of all kinds *ad infinitum*, bring him finally down to the level of mankind. Then he begins to use his thinker—and admits: Yes, Copeland was right when he quoted: *Natura sanat medicus curat morbas.* Nature cures, I must learn to assist her. Now you are on the right path, don't shun obstruction,

walk on, you gain some every day. You must master nature's laws, you must hold them sacred, and in doing so you will find in her your best friend, and in her answers a true interpretation of many puzzling conditions regarding your patients.

ANATOMICAL ACCIDENTS.

He kissed her passionately upon her reappearance.—*Jefferson Souvenir.*

She whipped him upon his return.—*Burlington Hawkeye.*

He kissed her back.—*Atlanta Constitution.*

She seated herself upon his entering.—*Albia Democrat.*

We thought she sat down upon her being asked.—*Saturday Gossip.*

She fainted upon his departure.—*Lynn Union.*

He kicked the tramp upon his sitting down.—*American Pharmacist.*

We feel compelled to refer to the poor woman who was shot in the oil regions.—*Medical World.*

And why not drop a tear for the man who was fatally stabbed in the rotunda, and for him who was kicked on the highway?—*Medical Age.*

Why not mention the fact of the man being shot in the water-works?—*Cal. Med. Journal.*

How about the woman who was hurt in the fracas?—*Railway Age.*

And the woman who was burned in her summer kitchen.

It must have been painful when the actress was shot in the stage entrance?

THE POPPY'S SPELL.

There is a little chary, charming maiden fairy,
And she dwelleth 'mongst the roses in a far-off hidden isle;
And the secrets of love's hist'ry, with its pains and joys and mystery
Are tangled in the tissue of her sweet, seraphic smile.

This mystic, marvel maiden, from her far-off floral Aiden,
Cometh to me in my visions as I float through starry skies,
And I breathe the subtle essence of the fragrance of her presence,
As I bathe me in the glory of her drinking, dreamy eyes.

In music-haunted vistas our shifting place of tryst is,
Where splintered star-light melts into the moon's quiescent ray;
Where rainbow paths concentre toward the starry arch, where enter
The redeemed into the glory of their everlasting day.

'T is there I ever meet her, and she groweth ever sweeter,
Like music floating to me from the mem'ry-haunted past;
And I hang upon her kisses, through seried thrills of blisses,
Till I pray for it to last, as eternity shall last!

— *William Colby Cooper, in Medical Gleaner.*

LACERATION OF THE PERINEUM.

By J. A. Champion; M. D., Portsmouth, Ohio.

There are physicians who claim to have attended large numbers of lying-in patients, hundreds or it may be thousands in which forceps have rarely if ever been used and in which also there have been no rupture of the perineum, this bare statement however leaves the history incomplete as it fails to say in how many cases they should have been used; how many women have died undelivered; how many infants have been lost for want of timely assistance; how many mothers have for days endured the pangs of child-birth with no hand to relieve; how many women have been left with a rupture of the perineum to suffer from prolapsus uteri; rectocele, cystocele and the well known train of attending sequences, because a careful examination after labor was not made and the rupture of the perineum was not detected.

It should be the rule of every physician to explore the condition of the cervix, vagina and perineum with the finger immediately after delivery and if he thinks he detects a rupture examine with index finger in the rectum and thumb in the vagina so as the better to appreciate the exact condition and extent of laceration and unless a physician does make this his rule he will fail to detect all ruptures of the perineum; some of which may in after years give rise to trouble and your patients drift into other hands for treatment or some may have the humiliating experience that I once had; I will relate: The lady seemed to be in natural labor. Everything was all right until after the rupture of the membranes and the pains were becoming expulsive, when all at once she remarked that she was blind, could not see anything; and in a few minutes more was in a convulsion. I directed the nurse to let her inhale chloroform and at once applied the forceps delivered the head without rupturing the perineum; as I watched the head emerge and am sure it did not tear the perineum. There were no pains as I directed the assistant to make firm pressure over the lower abdomen downward in the direction of the pelvic axis and at the same time I introduced my

finger under the lower shoulder and effected delivery, and paid no further attention to the perineum, instead of again making an examination. In ten or twelve days afterward the woman said to me, "Doctor, I believe I am torn." I made an examination, and found a rupture almost to the rectum. I informed her I would have to make an operation. She would not consent to any, but asked me if it had to be done, why did I not do it at once when the parts were not so sensitive, and while, in fact, she was already under chloroform. This worried me some for a time, as it was the first case I had ever failed to detect and has been the last one. I was finally able to give an anawer as to why I did not suture at once in this case which was satisfactory to my patient and partially so to myself, viz: There are two or three contra-indications to the primary closure of a perineal rectum, one of which was my reason, post partum hemorrhage, extensive bruising and eclampsia.

I know some may say that an examination with the finger, or perhaps the inspection after every labor is unnecessary and meddlesome; call it "Meddlesome Midwifery" if you will, but in my opinion if the doctor presiding at the birth of the author of *Meddlesome Midwifery*, had "let nature take her course" he had been strangled then, and thousands of women would have had great cause for rejoicing at his timely taking off.

There are numerous "wrinkles" for saving the perineum from laceration, many of them theoretically beautiful and promising but when a twelve to sixteen pound baby is to be brought through a small, rigid, inextensible vagina outlet I am free to say that I do not always know how to avoid perineal rupture. I have seen one of the distinguished teachers in the Med. College of Ohio, after giving instructions how to save the perineum, sew up an extensive laceration extending down to the rectum that he himself produced while delivering with the forceps.

While in my opinion laceration can not always be prevented we should always make the attempt and then we have the satisfaction at least of knowing that it could not be prevented. Of the many devices in vogue I consider the following the most practical. Always deliver on the left side unless using the forceps and when the perineum commences to bulge the opera-

tor should take his position at the back of his patient, pass the left hand over the right limb and between the thighs, and press back the coming head with the fingers of the left hand. The ball of the right hand covers the anus, the thumb being placed on one side of the perineum and the fingers on the other.

In this position the head is under perfect control. The head is delivered between the pains. During pain the head is crowded back by the fingers into the vagina, allowed to advance only enough to put the perineum slightly more on the stretch, always keeping two things in mind: The prevention of too rapid a delivery of the head, and the favoring as far as possible, the minimum pressure on the posterior floor, and between the pains the head is pushed away from the pelvic floor and under the pelvic arch, the head being thus rolled out between the hands.

But suppose we have a rupture of the perineum as we will have once in a while, do what we may to prevent it, for we are taught that laceration occurs in 50 per cent. of all primiparous, and 20 per cent. of all multiparous labors, to fully appreciate the gravity of it. Let us briefly review the anatomy of the pelvic floor. Upon reference to the anatomy we find that the supports of the pelvic viscera depends upon the levator ani, coccygeus, and transversus perinei muscles and pelvic fascis.

The transversus perinei is so small a muscle that its influence must needs be slight; in other words upon examination it is found that the structures in the pelvic floor which give support are the levator ani and coccygeus muscles. Among its other attachments, the levator ani is attached to the vagina, and on examination can be easily felt on each side thereof, as a resisting band extending about one-half inch up the canal. This fact must be distinctly kept in mind in searching for injuries of the pelvic floor sustained through labor. Lacerations of the pelvic floor are usually spoken of as *complete* or *incomplete*. This classification serves to separate tears which involve the sphincter ani and rectum from those which do not; but otherwise it conveys a false impression. The impression is that all of these injuries are of the same character, but that some, being more extensive, involve the bowel. Lacerations of the perineum, how-

ever, vary much in character, and may be: first, median; second, lateral; third, sub-mucus. All complete lacerations are of course median, and hence the only muscles involved are the sphincter ani, transversus perinei and bulbo-cavernosus. The levator ani is not involved. This fact is of interest because of its bearing on the question of pelvic support—as in complete lacerations of the perineum, procidentia uteri is seldom found. Incomplete median lacerations are of little import, but when extensive, should be sutured as an antiseptic detail to insure a closed vaginal orifice and to guide against an extensive tender cicatrix to interfere with subsequent marital relations.

Treatment of perineal lacerations.—Here I know I am on disputed grounds, as I am told the great Tait and others do not believe in the primary operation at all, claiming that the immediate suturing of a perineal laceration is injurious, as septic elements might be included in the wound and thus be removed from disinfection, little thinking how much greater the danger of infection is from the lochia flowing over the open perineal wound —or aside from the first objection they claim the lochia will prevent anything but the *skin* from uniting, but the history of the past informs us that occasionally quite a deep tear unites spontaneously with no other treatment than tying together the knees, and the lateral position, and that when the primary operation is made that it is successful in 66⅔ per cent. of cases; and it is my opinion that primary union should always be aimed at, and if we fail to secure it the patient is in no worse condition for the secondary operation. How can she be?

Two methods of applying the sutures have been in vogue. The usual method has been to expose the laceration by introducing the finger into the rectum and then insert the sutures all from the skin surface, beginning at the anus and finishing at the posterior commissure. This method is objectionable for only one hand is left with which to operate, and in really serious injuries of the pelvic floor in which the levator ani is torn on one or both sides. The parts can not be brought together in their natural relations. Either the suture does not extend up the vagina so far as the tear, and as a consequence only the tear in the vaginal

outlet is closed—the vaginal tear being left open as a pocket to retain secretions, and the levator ani being left detached—or else the suture acts as a puckering string to distort the relation of the parts, and absolutely to prevent satisfactory healing.

The other and better method is to begin suturing at the upper angle or (if it be bi-lateral) angles of the tear. A suture should be passed and tied, when by slight traction upon this the operator will be given control of the field. Sutures should then be passed, the wound being exposed by tenaculum or forceps, about three to the inch, until the posterior commissure of the vulva is reached—here vagina and vulva meet. When the laceration extends to the skin surface, involving fascia, transversus perinei, bulbo-cavernosus muscles, skin, etc., additional sutures must be passed to close the external wound. In tying sutures just enough tension should be made to bring the parts nicely in apposition. In passing sutures, the object, to bring the torn surfaces together in their natural relation, must be distinctly borne in mind. This is accomplished by inserting the needle near the margin of the tear, passing it deeply into the tissues in the direction of the arc of a circle, allowing the needle to emerge at the bottom of the tear, again inserting it near the front and passing it through the tissues of the opposite side in a similar manner. When a suture passed in this way is tied it takes the form of a circle, and brings the tissues together, surface to surface. When a suture is inserted superficially, parallel with the surface or a laceration, it acts as a puckering string when tied and thus defeats the object for which it was used. Ninety per cent. of operations made in the manner I have described ought to be a success. I hope that I have made myself clear in contending that incomplete lacerations of the perineum, so called, are of importance directly in ratio to the involvement of the *levator ani muscle*, and that incomplete lacerations not involving this muscle are of importance chiefly from the standpoint of antiseptic and cosmetic surgery, but have little, if any, relation to subsequent downward displacement of the vagina, bladder or uterus.

PURPURA HEMORRHAGICA.

By W. E. Whiteford, M. D., Oxbow, N. J.

On the 24th day of March last I was called to see Mrs. R., age 31 years, weight 165 pounds, and the picture of health as she lay in the bed. She was married at fifteen; her husband, a laborer, present age about 45 years. Patient worked hard at housework and dress-making. Her family was one daughter, now 15 years of age. About twelve years ago she had a miscarriage. Present trouble had been gradually coming on for two years. She had always been a hearty eater and drank "a great deal" of tea, and took it very hot. For the past two years there has been an increasing tendency to vomit soon after the meal; frequently as often as four times in a day. Still the body would be well nourished and she continued her usual duties. At the time of my first visit, patient had been in bed for a week. Principal complaint, nausea and vomiting, some headache. A thorough examination of all the organs of the body was given with negative results, with the one exception of pulse; that was 90. No tenderness, tumor, bloating, hypertrophies or atrophies, no temerature (98°.6). Prescribed a six-grain powder of sub. nit. bismuth and salicylate of soda, once in three hours followed in a few minutes with one-half cup milk with two tablespoonfuls of lime water in it and complete rest in bed.

March 31st, no improvement; symptoms remain the same. Powder replaced by 1-32-grain of morphia sulph. and cracked ice as desired. Some streaks of blood occassionally in vomited matter and in the secretions of the mouth. Urine examined from time to time with negative results. Dr. Woods of Antwerp in consultation inclines to consider the case one of gastric ulcer.

April 7th, no improvement; more blood in matter vomited (streaks); and the sputa which was profuse was nearly always reddish from blood; complains of the nasty taste in mouth all the time; all foods and all liquids prohibited by the mouth and enemas of milk, eggs and whiskey with sometimes a drachm of tr. opium were given, one in six hours and the rectum cleansed by boiled water night and morning and allowed to pass before giv-

ing the enema. Previous to this she had had such drugs as oxalate cerium, nitrate of silver, in both pills and liquid form. The one soothing thing was a swallow of seidlitz powder. Pulse now 110; face pink and eyes bright; all other parts show anæmia, especially hands and feet, tongue and gums.

April 14th, no improvement; anema well returned, but growing weaker. Dr. C., of Gouverner, called in consultation; also Dr. K., of Theresa. Some liver remedies were tried and fly blister over hypogastrumi. About this time fresh blood began to appear in urine; no clots; a feeling of heat and weight about the loins. For ten days the secretion of the kidneys seemed to be nearly all blood, that is to look at; no clots formed. The quantity was about eight ounces in the twenty-four hours. I had been looking for purpura each day for some ten days. When the hæmaturia had been present about four days I noticed a purple spot on the top of the right foot. This remained alone for several days. Then others came on the forearm, then on the other forearm, and on the ankles and legs, and last and largest on the upper part of the right arm. The hæmaturia began and ceased quite abruptly without premonition and continued about ten days. Ergot and tinct iron were given during the time and the latter drug was continued to the end; and for the last two weeks was the principal drug given. During the middle period of her sickness the temperature was occasionally sub-normal 97°; never above 99°.5. Death occurred May 4th, apparently from anæmia and exhaustion. The symptoms were so masked as not to lead one to suspect purpura hemorrhagic until the latter end of the disease. The nausea and profuse secretion from the mouth and pharynx (nasty and so offensive to the patient) from first to last. There were also purpura in mouth, palate, tonsils and pharynx. The notable points of interest in this case are first: the persistent vomiting and nausea from the first to the last of the illness; second: the profuse secretion of the mouth and throat; third: the complete absence of fever; fourth: the late appearance of the purpura. These go to make the case of unusual interest.

PHOSPHITE OF SODA IN TYPHOID FEVER.

By S. B. Littlepage, M. D., Colusa, California.

Typhoid fever is a species of Septæmia and is caused by a leaven that is given off from decomposing filth and carried into the stomach through water and uncooked food, then taken up by the intestinal capillaries passed into the circulation and there by a process of fermentation produces the septæmia. If met promptly in the right way before extreme degeneracy of the blood has taken place it can be easily controlled. Commence treatment by giving calomel, two doses five grains each three hours apart, the last dose followed in two hours with citrate of magnesia sufficient to cleanse the alimentary canal. Then give sulpho carbolate of zinc two grains in solution of soda three times a day. Control the fever with acetanilide and two grains of camphor every three hours until the thermometer registers below one hundred. When gurgling in the right umbilical or iliac regions or distension of the bowels takes place apply turpentine inunction.

For subsultus use full doses of camphorated dover powder. When the heart intermits or wavers, steady its action with digitalis. See to proper defecation. Give distilled water in abundance. Feed with rice and barley soup, chicken broth, dry toast and soaked crackers. When an intermission in the fever occurs give full doses of quinine. Sulphite of soda when taken into the stomach comes in contact with the acids giving free sulphurous acid and by the same process as that of the leaven it passes into the circulation, neutralizing the leaven in the blood. Sulphite of soda is as much a specific for typhoid fever as quinine is for intermittent fever. Sulpho carbolate of zinc is a fine disinfectant and when taken into the intestinal canal it acts as a powerful auxiliary to the soda. Fever means death and must be controlled. Acetanilide by its sudorific properties will do it, but by its heat dispelling powers it depresses the heart. Camphor prevents the heart complication. The calomel and magnesia prepares the intestinal canal for the reception of the disinfectants.

A RACE FOR REPUTATION.

By the Story-Teller.

A physician in middle life of large practice and wide reputation recently told the following story to the writer. He related it in the third person; but the enthusiastic manner in which the story was told, the intimate knowledge of all details led the writer to suspicion that it was a chapter in the doctor's own life. This was not denied by the story-teller in a very convincing manner.

A young surgeon having tried in vain to get into practice, at last fell upon the following expedient to set the ball a-rolling; he sprang upon his horse once each day and rode at full speed through the town. After an absence of half an hour he would return and carry with him some of his instruments, thinking if he could impress his neighbors that he had practice they would begin to place confidence in his ability.

A wag who more than suspected the deceit which he was practicing determined to know the truth. He accordingly kept his horse in readiness and the next time the doctor galloped past his door, sprang on his steed and placed himself upon the young man's trail. The doctor saw him following at his heels but did not at first evince any uneasiness. At length, however, he thought it advisable to turn down a narrow lane. The pursuer followed on like an evil genius; but the doctor was not discouraged as another road lay a short distance ahead of him, down which he turned. The other kept close at his heels and the doctor grew impatient to return home. There was no house by the way at which he could afford any pretext for stopping. On the other hand he had his saddle-bags with him and was otherwise equipped for business so that he could not return in the face of his neighbor without exposing the secrets of the trade in the most palpable manner. Every bound of his steed carried him farther from his home and the shades of night began to fall on hill and dale. Still the sound of horses' hoofs were thundering in his ears and he was driven to his wits' ends, but just as he turned the angle of the wood he heard a low moan. A man

lay near the fence in a meadow and blood gushed from a fearful wound in his arm. He had cut an artery with his scythe and was in danger of immediate dissolution by loss of blood. The young doctor sprang from his horse and staunched the wound. Bandages were applied and his life was saved. The pursurer had also thrown himself from his horse, and as the surgeon tied up the last bandage he looked up in his face and said: "How lucky, doctor, that I was able to arrive just in time to help you."

The wondering spectator, after assisting the wounded man home, told such miraculous tales to the town folk as secured for the surgeon a great reputation, not alone for skill but also for supernatural prescience. Thus did the merest accident contribute more to his advancement than years of studious toil could have done, and the impertinent curiosity of a waggish neighbor opened for him a path to professional usefulness which the most influential patronage might never have been able to provide for him.

AN AGENCY PHYSICIAN'S EXPERIENCES AMONG FRONTIER INDIANS.

By Jas. L. Neave, M. D., Dresden, Ohio.

Morality among the Indians, at least so far as chastity is concerned, is at a very low ebb. In the wild state, the Indians certainly were chaste; and immorality of that character was severely frowned down—was not permitted in fact. But under the gentle influence of civilization, a steady improvement backwards, in morals at least, soon manifested itself; until I come to the conclusion, that chastity among Indians is an unknown virtue. As I have before hinted, the very children indulge their animal passions unchecked; the parents in fact smile indulgently on these precocious performances, and make not the slightest effort towards checking it. There is no inducement for them to be virtuous, and every inducement for them not to be. Most of the whites who were among them, feeling that whatever they did on the frontier would be hidden from their friends at home, threw restraint aside, and felt at liberty to form unlimited, intimate

associations with the squaws. The Indians who looked to the whites for example, soon looked upon virtue as unnecessary, and upon loose morality as an easy means of obtaining many things they wanted. This looseness soon broke down all barriers amongst themselves, and the result was, that it would have been extremely difficult—eight years ago—to find a virtuous woman. There may be some improvement since then. This is one of the causes of the frequent foetal losses already spoken of.

While on this subject, I will give the following illustration of the trend of thought among the men. When Uncle Sam made the annual annuity issue of clothing etc. etc., to these people, I noticed that many of the young men, and middle aged men also, cut the legs from the body of the pants issued to them—throwing aside the body, and wearing the legs with their breech clouts. Seeking an explanation, it was demonstrated to me, how superior their method of wearing pants was to ours. I will state that the breech clout is simply a strip of cloth about one and a half yards long, and about twelve or fourteen inches wide. The centre is placed between the thighs, and the ends are carried up in front and behind, and passed loosely through a belt; the ends falling down, and hanging as a fore and aft apron.

The question is asked me, if the Indians are subject to gonorrhea, etc. In my day, very few whites escaped contagion of some sort. If it was not syphilis, it was gonorrhea; and there were very few cases of gonorrhea unaccompanied by suppurating buboes. I remember one time when our Agent received a peremptory letter from the commander of the military post near us, demanding that he keep his squaws at home in their camp. He complained that half his command were in the hospital, and most of the other half ought to be—all on accounts of the visits to the Fort, of our squaws.

One of the nastiest cases of syphilis I ever saw, was a diseased thigh of an adult Indian named Mah-noh-te—Big Robber. The skin of the entire outer three-fourths of his thigh, extending up onto his body, was dissected from the tissues beneath, riddled with holes, and discharging a thin pus, the stench of which was so overpowering, that his family compelled him to live entirely alone in a log hut. I could do very little to relieve him, as I

was absolutely without hospital accommodations, and it was impossible to accomplish anything, situated as he was. Another interesting case that came under my observation, was a case of venereal warts in a female. The mass encircled the anus, and extending upwards on both sides of the vulva, almost encircled that also—two broad bands, each nearly two inches in width. After putting her under the influence of an anesthethic, I removed nearly all of them with the scissors, and the parts made a very presentable appearance—the natural tissues being once more seen. I was compelled to stop before I had quite completed the operation, on account of the severe hemorrhage.

As still further bearing on this subject, I will state that the Indian Reports that I have in my office, covering a period from 1879 to 1893, show that during this period, the quantity of Iodide Potassium sent to the different Agencies, averaged *annually* 18,180 ounces or 1,136 pounds. The greatest amount furnished in one year, shows in the Report for 1885, when the amount furnished was 24,160 ounces or 1,510 pounds. These figures tell their own story. Medical supplies are furnished by the Indian Department, as called for by the physicians stationed at the different Agencies; and the figures indicate that the treatment for diseases as found by these physicians, must be largely of specific character or have a specific basis.

Smoking is universal; but there seems to be different methods among different people. The Indians have a style that I fancy is peculiarly their own. I never saw an Indian smoke anything but a pipe—and differing in style from anyone else. The stem is of wood, about two feet in length. The pipe itself is T shaped. The cavity of the bowl is some two inches deep and one-half inch in diameter. They smoke a mixture of one-fourth tobacco, and three-fourths of the inner bark of young willow, dried and chopped up with the tobacco. When they smoke, the small calibre of the pipe makes it a matter of business requiring their strict attention. One pipe generally does for a number of smokers, each one drawing on it sufficiently to keep it alive, and then gravely passing it to his neighbor; at the same instant taking a full, deep inspiration, filling the lungs full of the smoke. This smoke is exhaled slowly, giving the smoker

the appearance of leaking smoke, as it were. This peculiar manner of smoking once resulted in one of our Indians, Mah-she-wah-ki-kahn-he-de—Bad Gun—by name, being the victim of rather an unpleasant joke. One of our employes, Geo. S——, was an inveterate smoker, his preference being a pipe, and the strongest tobacco he could possibly find. He and Bad Gun were great cronies; so much so that the Indian was a frequent visitor at George's house, and the two spent many an hour smoking together. One day George was smoking a particularly strong brand of tobacco—*perique* I believe he called it—in company with Bad Gun, and the Indian asked the privilege of trying George's pipe. The pipe was handed over, and Bad Gun smoked indian fashion. Just as he had returned the pipe, he drew the deep inspiration above described, filling his lungs with the strong smoke. The effect was terrible. He immediately sprang to his feet, gasping and choking, with eye-balls starting from his head, and features distorted; fell to the floor and lay there struggling, coughing, fighting for breath, until it seemed almost he would die before his lungs got relief. Yet in a short time he learned to inhale the smoke from this same tobacco, without wincing; and the joke was on his white friend, as he had to furnish all the tobacco, as long as he remained at the Agency.

Thinking that perhaps a specimen of Indian language may be of interest, I submit the following bit of conversation in the Arickaree tongue, that is a sample of every day occurrence, during my residence at Fort Berthold.

Strike Enemy—Tikaranish—is supposed to have sent a boy to my house with a call for me to come and see his wife who is sick. The translation will give all necessary explanation. The word "sick" is almost invariably used by the Indians instead of a word in their own language. I do not remember to have ever heard the word spoken in their own tongue:

Indian Boy—"Ka-na-na-na! Pish nachu hanu Tik-a-ra-nish tee-pee. Sabat tiranahu sick."

Indian Boy—"Doctor! Hurry and go to Strike Enemy's house. His wife is sick"

Doctor—"How! Tik-a-ra-nish Winunch tiwaka pish shisha nachu tee-pee. Tijano ratchit?"

Doctor—"How! Strike Enemy. Your boy told me to come quick to your house. What is the matter?"

Strike Enemy—"Mi tahwinnie tirata chitu hinh. Kaki titka; Kaki tideuch; tirata wecatu, wecatu. Tini shufwaka, pish nachu hanu Ka-na-na-na teepee, tiwaka Ka-na-na-na shisha."

Strike Enemy—"My wife had had pain all night. Did not sleep; was not able; pain all the time, all the time. Today she ordered me to hurry go to the Doctor's house and tell the Doctor to come."

Doctor—"Niheh kuna nachu sabat wetichica; kairajehu tirata wetunanu. Nachu skoku tunheri-wabsisch kakideu; tini hinacht achu; tini shakunukaricht awasto; tint heesh, chira sino tirata, kuna awasto skoku; na tini ticanukaricht, sino tirata, kuna awasto skoku. Tirata wetunanu, chira titka, kuna kaki skoku. Haysha hinacht, Ka-na-na-na awasto nachu sabat tuterik. Sabat kaki neksan; chira haysha attisht, chira pitk titka tucaahu tideuch."

Doctor—This medicine is for your wife to take; before long the pain will be gone. You give a small spoonful; one this morning; again at noon; this evening if there yet is pain again give the medicine; and at midnight if there yet is pain, again give the medicine. If the pain is all gone, or if asleep do not give the medicine. Tomorrow morning the Doctor will again see your wife. Your wife will not die; perhaps tomorrow she will be well, perhaps in two sleeps (days) she will be able to dance.

NUTRITION OF INFANTS.

By Amanda L. Shelton, M. D., Bloomfield, Iowa.

It may be affirmed, that the first and only food which an infant demands is precisely that which nature prepares in the breast of the mother; this is evident by the supply occurring with the demand, both in respect to the quantity needed and the time when it is required. This is only one among the numerous arrangements which a kind providence has ordered for our benefit. The obvious course therefore to be followed, of mutual benefit to the child and mother, should be to fulfil the designs of

such an arrangement, and to give no food to the infant until that which nature prepares for it is ready. I mean absolutely no food unless a few drops of thoroughly boiled water occasionally. This however, is not the general way now pursued, for only a few hours, and sometimes only a few minutes, are allowed to pass after the child is born, before he is stuffed, the mother acquiescing meanwhile deceiving herself by the belief that she is acting rightly, being prompted by some attendant basing their argument on the readiness with which their sugared slops are taken. In the meantime, at the time appointed by nature, the preparation of its natural food in the natural place comes on in the breast of the mother. It is often necessary to coax the infant to receive it. Just at this point some officious attendant objects on the absurd plea that it eats sufficiently, and to clinch the argument points out that the child draws nothing but air. The necessity soon becomes imperative to relieve the mother, and now it is found, too late, that the child has been dosed and stuffed with the so-called food which could not be digested. The infant is appeased, and instead of that natural appetite that would have rendered its sucking so strong and vigorous, it cries and turns from its mother's breast with disgust. The imperfect and irregular evacuating of the breast soon occasions some disturbances in the circulation, the general system is disturbed and the milk disappears, and the mother and friends are satisfied with the assertion that the milk had not been good, and was insufficient; and that her constitution was naturally too feeble to allow her infant to nurse. While a sufferer from actual disease the mother would weaken by nursing, the simple valetudinarian would be benefited and strenghtened by it. A woman's nursing, superficially viewed, is not what may at first appear, just a mere drain upon the system, depriving it of nutrition and strength. It is a natural and healthy function, over which nature sustains most bountifully by giving her a vigorous appetite and digestion. It is scarcely necessary to repeat that the milk is a nutriment sent for the sustenance of the infant, or that its properties are admirably adapted above all artificial food to the wants and conditions of the infant; it contains all the elements required without any kind of foreign substance. The fact that the function of secretion of milk is found to continue with no sensible abatement of its healthfulness, if the nurse is exposed to the influence of agents which affect other secretions of the system. That in fact important function appears to be placed out of reach of all ordinary causes of derangement; that the most helpless period of our existence should be the better secured from the accidents of want and disorder.

Clinical Reports.

The Louisville Surgical Society. Stenographically Reported by C. C. Mapes.

TWO CASES OF APPENDICITIS—FEMORAL ANEURISM.

W. C. Dugan, M. D.:—I have operated upon two cases of appendicitis since the last meeting of this society, which present two different conditions, and they may be of interest on that account. In both, the pus was not encapsulated. The first one had a large abscess, the patient giving about this history: There had been recurrent attacks of what he thought was "belly-ache"; he would be laid up a day or two, then get well apparently and go about several months, when another attack would come on. I saw him and agreed in the diagnosis of appendicitis; induration could be outlined in the right iliac fossa, and as he had suffered so many attacks we decided to operate at once. He was sent to the infirmary, and while on the operating table, when chloroform was being administered, he struggled violently, and as soon as I cut through the peritoneum, pus poured out. I found, however, that this pus was confined to the right iliac fossa, and am sure that the rupture took place on the table. I say I am sure it took place on the table for the reason that the pus was confined entirely to that locality, and there was a large piece of omentum that had capped the abscess, which was torn off so the man was not subjected to any risk of general peritonitis that we would expect if rupture had taken place some time before.

The patient got along without an untoward symptom, making a very quick and easy recovery. I took away the appendix, and the large mass of omentum that had formed the cap or part of the wall of the abscess, and then cleansed the site of the abscess by localized sponging; did not do general washing as is generally practiced. I like the German plan best and the more I operate the less I irrigate.

Just in this connection I wish to say that the appendix was necrosed quite up to and even involving a small part of the caecum. When traction was made it came in two, and when the ligature was placed at its base it cut through showing the con-

dition of the parts. There was no bleeding even then. Then to close the opening we applied the sutures and I had great fear that they would give way. But we packed it thoroughly so that if it should give way it was protected. It gave us no trouble and in forty-eight hours it was removed.

The second case is of unusual interest to me. The man had a primary rupture of the appendix without any adhesions at all; with a history exactly like the case I have just reported. He had had as many as ten or fifteen attacks. He was taken one night with what he thought was an attack of colic, and applied the ordinary remedies, calomel, etc., such as he had taken to relieve former attacks. The next morning he was so much worse that he called in a doctor, Dr. Holt, of Anchorage, Ky., the first time he had ever consulted a physician in one of these attacks. The doctor found him in collapse, cold clammy perspiration, pulse hardly perceptible; as he expressed it "a very hard wiry pulse." He diagnosed it as a base of general peritonitis, and told the patient that an immediate operation was imperative, and even that gave him but a forlorn hope. This was at five o'clock. He was then resting comfortably under one grain of morphine which had been administered hypodermatically in two separate doses. He had a very drawn anxious expression of the face, cold clammy perspiration, very rapid pulse, abdomen not distended but very rigid so that we could outline absolutely nothing. There was general rigidity of the abdominal muscles, perhaps a little more marked on the right side. We decided to put him on the operating table and under anæsthesia try to locate an induration of the iliac region. We thought it was a case of appendicitis, but we were, even under chloroform, unable to locate anything. We recognized that it was a case of peritonitis, and believing operation to be demanded we opened the abdomen. We selected the right side, making our incision in the right semi-lunaris. Reaching the peritoneum it was found to be opaque and considerably thickened, and fluid was detected through it. It was nicked and as soon as the cavity was opened it gave vent to a very offensive thin, dirty, watery, fetid pus, which spurted up several inches through the small opening. It was enlarged and the pus simply

poured out all over the table. This was the next morning after the attack. Coils of intestine presented which were very red, with here and there spots which showed intense inflammation with numerous infarctions in the wall of the bowel. On further examination I found that over the intestines were strips of dead tissue, so that you could take up the intestine and pull off a piece four inches long of this dead portion which looked like a strip of cotton; like you would take a small film of cotton over the finger and pull off small fibres. It was certainly necrosis of the peritoneum overlying the gut, for the entire peritoneum was dead in appearance—that is, thick opaque and not the transparent and glassy look of the normal. We stated that this man would die as a matter of course. However, we irrigated the cavity thoroughly with a large quantity of water, I suppose as much as five gallons of sterilized water. We then put in a gauze tampon reaching to four or five different parts of the cavity bringing all of them out through the wound in right side, and left them in fairly good condition. The physician in charge asked how long before the gauze should be removed, and I told him that I did not think the occasion would ever arise for removing the gauze; but, he said, "if the patient does not die, when shall we take the packing out?" I then replied that, "it might be removed at the end of forty-eight hours." The patient was living and improved at that time, so the doctor removed the gauze and called me up by telephone stating that the patient was doing well. While his bowels did not move at that time there was very little distension, and he was passing gas per anus and everything indicated that he was going to get well. From this time on the patient had no trouble and made an uninterrupted recovery.

In regard to the appendix: It was found to be rather longer than usual, and just along its mesenteric border at a point about the middle was a necrotic patch about the size of a large grain of corn, and it was ruptured at this point.

Now, here was a man without an adhesion about the appendix which had ruptured, without the presence of an enterolith unless it had escaped through this rupture and liquified. An attack occurred at four o'clock in the afternoon, the next morning he was

operated upon for general septic peritonitis. I take it that a great deal of this fluid was made up of fecal matter, as I am sure that so much pus could not be formed in that length of time, and then the fluid looked not unlike the liquid contents of the small bowel, but there can be no doubt about there being general septic peritonitis, and that there was necrosis of the peritoneum is plain.

No. 3.—This specimen is a traumatic femoral aneurism, which I removed at the City hospital some time ago. The patient was an Irish woman, a domestic, and while working fell against the corner of a table which struck her in Scarpa's space on the right side. There was very little force, but she had great pain and was forced to give up and go to bed. When she entered the hospital it was noticed that she had a pulsating tumor in Scarpa's space. A compress was carefully applied, but notwithstanding this the tumor rapidly increased in size. We finally decided to excise it. She was put upon the table and we made an incision just over Poupart's ligament, passing rapidly down, ligating the external artery just above the ligament, then extending my dissection longitudinally expecting to have no trouble in enucleating the tumor. I found in dissecting lower that another vessel presented, which was promptly ligated. I then felt certain I would have no further trouble. After dissecting a little further, I found a third vessel, which was also tied. I then aimed to get below the aneurismal sac, working very carefully so as not to rupture the sac, when the blood spurted out through a small opening showing still another connection. I then continued my dissection after checking the hemorrhage, and found still another vessel about as large as the first one I had ligated. This was tied and the aneurismal sac removed.

I present the sac for your examination; you will observe here the first vessel ligated, and by turning the specimen over, you will see another large vessel. I thought at the first examination after the removal that this larger vessel was the external vein, but a more careful inspection reveals the fact that this is not so. I am of the opinion that there is a double external iliac artery, and the femoral artery is divided very high up, and that they communicate with each other.

DISCUSSION.

Dr. James S. Chenoweth:—How long after the injury before the operation was performed?

Dr. W. C. Dugan:—About ten days.

Dr. W. L. Rodman:—Was your dissection carried beneath the ligament of Poupart?

Dr. W. C. Dugan:—It was about three-quarters of an inch above Poupart's ligament, so that everything was ligated above. There was some little sloughing when I last saw the patient, otherwise she was doing well.

Dr. H. H. Grant:—I do not think there is much to be said about the two cases of appendicitis; the second case that Dr. Dugan reports certainly made a most remarkable recovery, and encourages us to operate on cases that we have previously looked upon as hopeless. It seems to me that it is barely possible rupture might have taken place prior to the time mentioned; perhaps there was inflammation in the peritoneal cavity of a little longer duration than would appear from the history of the case. It seems to me remarkable that the peritoneum could be flooded with pus in that period of time. The very considerable amount of pus and the general peritoneal distension together with the symptoms of peritonitis, rapidity of pulse and feebleness of the patient would indicate that septic infection had been going on for a longer time than appears from the history. The importance of operating in cases of this kind is emphasized by the remarkable results which are sometimes obtained; at the same time we all find ourselves unable to determine in all instances whether a condition of this kind is going to occur. I saw a few days ago a boy nineteen years of age, with acute distension of the abdomen, apparently beginning peritonitis, tenderness over the right iliac fossa. The patient had been kept under the influence of opium for twenty-four hours; the pain had greatly diminished at the time I saw him, but the distension had increased, pulse 130 and feeble, and his general condition was apparently good; he had improved under the influence of opium. I was sure this patient had appendicitis, and thought he probably had septic infection. I did not look upon it as probable rupture, because the pulse was not feeble enough to indicate this

severity of shock. Operation was advised and declined by the patient. The same treatment was continued—application of poultices, also the administration of opium, and the patient has gone on to recovery. In this case I think it would have been wiser to operate, or at least I thought so at the time, but the result has been a very good one as it is.

With respect to the aneurism Dr. Dugan has shown, I have not examined the specimen, but I think he has given the most plausible explanation, that it is an anomaly of the circulation.

Dr. Bate:—(Visiting.) In regard to the case of suppurative peritonitis which Dr. Dugan has reported: The condition was such on making the incision, that two other doctors, one from New York, and the family physician, agreed with Dr. Dugan in the prognosis he made, and so expressed themselves—in other words that "flowers were in order."

Dr. A. M. Cartledge:—The cases reported by Dr. Dugan suggest a great many important points in connection with the pathology of general peritonitis. The trouble which will ensue from the emptying of pus into the peritoneal sac depends first upon the length of time it remains there, and second upon its microscopical character before it is poured out. First of all it is generally recognized and it has been my experience that when septic pus is poured out into the peritoneal cavity without protecting adhesions, if not removed within twelve hours, the patient will die. It seems that eighteen hours had elapsed in this case. I doubt, as Dr. Dugan made an incision only on the right side and drained only from this side, whether the septic matter had really spread to the entire peritoneal sac. It may have extended over as far as the median line, and still been accessible from his incision, but the fact that general tympany had not taken place would point to the conclusion that the peritonitis was not general. That it would have soon become so there can certainly be no doubt as no protecting adhesions were present. This was a case evidently of colon bacillus infection, which is the bacillus found in most cases of perforative appendicitis; it was a case of rupture of the appendix and not a peri appendicular abscess, because there were no surrounding adhesions. Now the material that he speaks of, the gluing of the intestines

together, was a fibrous exudate which is one of the pathologic results especially of the colon bacillus. While it is accredited with producing liquefaction, still its first effect is to cause an exudation of fibrin, and it is this material which forms the plastic agglutination of the intestines; if the case is allowed to continue septic and liquifying peritonitis takes place as the result of secondary infection. In the case reported by Dr. Dugan, the fluid was evidently not pus; as I understand it was a yellowish watery-looking substance, not the typical greenish-tinged pus characteristic of suppurative peritonitis from pyogenic bacteria; it was a dirty looking water with quantities of lymph or fibrous flakes in it, which exuded from the intestines. I think it is but fair to say that we can hardly class this as a recovery from general septic peritonitis, I believe if the entire peritoneal cavity could have been explored, the trouble would not have been found to obtain over the whole peritoneal sac. I base this statement upon the fact that eighteen hours had elapsed from the time rupture was supposed to have taken place. I think in ninety-nine cases out of a hundred if operation is delayed until septic peritonitis has extended to all parts of the peritoneal cavity, and such will usually occur after twelve hours have elapsed, operative measures will be absolutely hopeless. The case reported teaches us that we should drain these cases thoroughly, as that gives the only hope of recovery. While the outcome in the case reported leaves no room for criticism as to the treatment employed, I would suggest that if we attempt to save these cases of general peritoneal infection we should resort to multiple drains; we should irrigate the cavity with gallons of water; where pus is found, free irrigation and drainage of the cavity offers the only hope of recovery.

Dr. W. L. Rodman:—What per cent. of cases of appendicitis do you think are due to foreign bodies?

Dr. A. M. Cartledge:—If you will allow me to go back to the exciting cause, as there is some question as to just what constitutes a foreign body in this connection, I believe that ninety-five per cent. of cases of appendicitis are due to trauma; most often an enterolith, a hardened mass of fæces which causes mechanical obstruction; infection takes place as the result of

pressure necrosis causing ulceration; an abscess is formed and later perforation.

Dr. W. C. Dugan:—In regard to the second case I reported: There can be no question about the patient having had general peritonitis, I examined coils of the intestine, not only on the right side, but generally, and was fortunate enough to have across the table from me one of New York's most brilliant young operators—who has stood across the table from McBurney, Bull, and many others a number of times, and who was also with Tuttle for a long time, and we satisfied ourselves that this was peritonitis, moreover that it was a case of general peritonitis from the condition in which we found the blood vessels of the intestines. There were infarctions all over the intestines; at one time the patient was so weak that the anæsthesia was withdrawn, and in this stage of the operation a large amount of the small intestines protruded notwithstanding the fact that we were using every effort to keep them in. So much of the intestine was examined at different stages of the operation, that there can be no question about the peritonitis being general.

In regard to multiple openings: I did not think it necessary for the reason that we could reach every part of the cavity by means of drains through the one opening. We took pieces of gauze and passed them to different parts of the cavity so that drainage was complete through the single opening. I do not think it is necessary to make two openings in these cases.

Concerning the lymph which Dr. Cartledge speaks of: It was too firm to be of the character he mentions, it did not brush off like lymph does as a rule. I feel sure that this case can be recorded as a recovery from general suppurative peritonitis by resorting to operative measures. As has already been intimated, had I known the conditions that we encountered in opening the abdomen of this patient, I would never have operated, as it must be admitted that such cases nearly all die as Dr. Cartledge has said, and after the incision had been made I felt sure and so expressed myself at the time that this man was going to die. Of course we can never tell exactly the condition that will be encountered upon opening the abdomen, and the result in this case is very encouraging. It certainly shows the wisdom of

early operation in such conditions if we expect any good result.

Dr. W. L. Rodman:—In discussing Dr. Dugan's cases, I failed to mention an important point in connection with his third specimen: It looks to me very much like an artero-venous aneurism. By a close examination you will observe that one of the larger vessels which he mentioned as being an artery is clearly a vein, and a valve can be seen at one point which proves it. It is palpably an aneurismal varix.

STARTLING SCIENTIFIC FACTS.

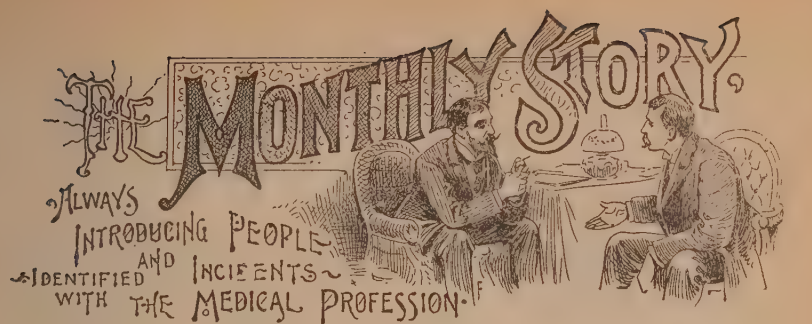
There's a cunning young bacillus and a natty little germ,
Or some frisky diatoma or a microscopic worm,
Or some scientific wonder dragging 'round a Latin term,
In our food and air and water, and by jigs! it makes me squirm.

And the sun will be much colder in about a million years,
And a portion of earth's moisture slowly dries and disappears,
And its crust is slowly cooling and excites our human fears,
So, by jings! you needn't wonder if it fills my eyes with tears.

In a hundred generations man will have no teeth at all,
And his skull will be as naked as a shiny billiard ball;
His superfluous toes will vanish, he will be but four feet tall,
So, by jings! you can not wonder if my flesh begins to crawl.

He will travel with electrics, bicycles and cable cars;
With the airships he will wander like a meteor 'mid the stars;
He will open navigation on the waterways of Mars,
And, by jings! where will you stop him when he once lets down the bars?

And now Edison 's inventing patent food, and I 'll be blessed
If it won't knock out the farmers and the wheat fields of the West;
And this baby incubator—and perhaps that way is best,
But I 'll go to Philadelphia where my brain can take a rest. —*Judge.*



[Written for the JOURNAL.]

ANDANTE

BY JOHN BELKNAP.

SHE stood in the trim little parlor of the modest flat with one slender hand on the doorknob, waiting until the physician in attendance should have finished drawing on his gloves, and, picking up his hat, signify his readiness to go.

The hand on the doorknob trembled slightly; the other behind her back clutched nervously at the little square of lace and linen it held. As the doctor completed his preparations for departure and made a step toward the door, he met the appeal in the sunken brown eyes, heart sick eyes, deep set in great bruised circles of blue, and stopped. Daily for ten long weeks he had met this appeal; met it as best he could with some brief word of encouragement, but today——. He dropped his eyes before those pleading others and, moistening his lips that suddenly felt dry, would have spoken. But she, reading his verdict, forestalled him saying, with a choked little quaver in her voice;

"You will notify his people?"

"Yes."

And then with a sigh of relief he was gone.

When she had closed the door she went and stood at the window and looked out at the sodden sky, the rain swept streets, the gloomy stretch of water-drab buildings, the hurrying throng of bedraggled humanity; looked sightlessly, seeing not, yet perceiving. In the leaden sky there was no glint of sunshine. The rain came in gusts against the window-panes, and careered in skurries over the glistening pavements; there was nowhere a tear. The gloom-robed wilderness of granite, stretching far as eye could see, was smileless. If, in the hurrying throngs there warmed a heart, surely this day the rain had chilled it; if shone a soul, the sad sky's sorrow had drowned it.

Turning she entered an inner room where a negro-woman watched. Sitting on the bedside she stroked an unresponsive hand, that lay faint and fever-laden on the coverlid. Thus, dry-eyed, motionless and long, while the colored aunty watched her silently with a film of moisture in in honest, dog-like eyes. Then she leaned forward and kissed—once, twice, thrice,—the lips, but feebly wooing now the life-giving air, of the dying man. With one last look she returned to the little parlor and seating herself at the window, with her back to the sick room and the outer door, gazed again at the desolate day.

A fragile little woman whom long days and nights of weary watching had worn to a shadow. The gaunt and tired hands that clasped each other, or trembling, wandered up and down the folds of her skirt, had once been plump and beautiful. The dying man in there had plucked the rosy bloom from lips most kissable; that now, gray-white, curved downward, sick and quivering and plaintive. His troubles, worries, hopes and sorrows, not her own, had stayed the happy heart-pulse that once sent bloom to cheek and laughter-light to us; had touched the one with wrinkles, dulled the other, and scattered white upon the grief-bowed head.

Gazing but seeing not, with grief-dulled faculties, she started once to hum a song, then suddenly remembering stopped. That was the song he loved nearly a score of years ago. Since then they had lived very happily. 'Twas well. With a tired little sigh she leaned back her head in the chair and looked outward and upward at the heavy sky.

A rumble echoed over the pavement, and a carriage pulled up in the street below. There were footsteps and voices in the hallway, and the door to the trim, little parlor opened. Two women and a man entered. The women gathered their skirts about them as if fearing contagion and glanced around the room.

"I suppose," said the man, "he is in here," and moved toward the sick-room door.

"Harriet," exclaimed the younger woman, clutching her companion's arm, "upon my word, I believe *that woman* is sitting there."

"Hush!" protested the man in a whisper, with a man's instinctive horror of a scene, "Be careful or she'll hear you."

"Hear us! Why should she not hear us. The audacity to remain with him at a time like this."

And the other. "I never could understand what influence had been brought to bear on my brother. He must have been mad. And after all of these years not even to notify us of his illness. Of course we know who to thank for that. And then to remain here when she knows that we are obliged to come to the sick-bed of our brother."

"Is you come to see Mistah Henry?" The old colored aunty stood in the doorway holding aside the curtain. "Cause if you is," she whispered, "I mus' tell you he's dead. I doan want de missus to know it till he's done laid out. He died half an hour ago jes' aftah de missus kiss 'im good-bye."

The little woman said no word but gazed out at the desolate day. The new comers wept, but *she* might have been dead for all the heed she paid. The undertaker came and went. Two members of his club, his cronies, heard the news and stopped in. As they reached the door on leaving one stopped and touching the other's arm nodded toward the silent figure by the window. Outside he said:

"Say! It's tough on her."

The other nodded.

"Did he provide for her?"

"His lawyer, Grannin, says there's no will. Everything goes to the sisters."

"The sisters! Why, they wouldn't recognize him while he was alive. Said he was a disgrace to the family. She has been all that a wife could be. It's a damned shame."

"Yep. It can't be helped."

The other two women came out of the inner room with skirts close gathered about them.

"Well, it's all arranged for——"

"The funeral private at the house——"

"And the police will warn away undesirable characters."

They were gone.

The little woman looked out at the lowering, lead-colored clouds. Throngs of hurrying, bedraggled

humanity pushed on through the rain-swept streets below. In the other room the colored aunty performed the last kind offices to the dead. The outer door opened and the attending physician came in and passed on to the inner room. There was a brief murmur of voices and he came out again and started to the door. Seeing the motionless figure he stopped.

Her thin hands lay clasped in her lap, the left hand uppermost and ringless.

He crossed to her and made as if to speak, then started suddenly, and touched with his fingers one of the fragile wrists.

On the mantel-piece a clock, with an old moss grown water-wheel painted on its face, each green-clad bucket standing for an hour, ticked the refrain of the fleeting seconds.

In the slender wrist there echoed no responsive throb.

KID McCANN'S EULOGY.

[Written for the JOURNAL by SELDOM. R. SKAGGS.]

"I'm lookin' kinder out er sorts
An' screwylike, y' say?
Well, mebbe so, fer reasons thet
I got a screed to-day,
From sister, Mary Ann McCann,
At Bad Axe,—where a boy
I lived, the townfolk's terror,
An' a lonesome widder's joy.

"I guess I wus as tuff a kid
As ever bolted school,
Or robbed a watermelon patch,
An' busted ev'ry rule
The elders of a village made
To foster public good,
An' stop its kids from raisin' hell,
An' keep 'em sawin' wood.

"In fact, there's no variety
Of double-dyed old Ned
That, in old times at Bad Axe,
I haven't joined or led,
An' as a natchrul consequence
The hand of ev'ry man,
In good, old, pious Bad Axe,
Wus agin young Kid McCann.

"For in that mosey village
Just one,—and only one,—
Of all its growed-up citizens,
Had touched the heart an' won
The loyalty an' high esteem
Of ev'ry ragged lad,
Who hid an honest, tender heart
'Neath lawlessness most sad.

"That one, wus Doc! A Gentleman!
A great-brained, Royal Fellow!
A Scholar! A Philanthrophist!
Boy-man!—heart-ripe and mellow!
There wus no big man's sorrow,
No barefoot youngster's woe,
No grief,—from unexpected twins
To splinters in your toe—

"No sickness or no trouble,
For miles an' miles around,
In mansion, cot or shanty,
But wot our doctor found
Exactly the prescription
To fit each separate ill:—
A dollar, word, handshake, or smile,
A powder, salve, or pill.

"W'y say! The very mongrel curs
As broke their legs a runnin',
With tails adorned with ole tin cans
By us young scamps, a funnin',
Would gallop madly thru the streets,
Ki-yi-in', till they met
The Doc, who'd take an' tote 'em home
An' put their bones in set.

"The Doc, folks said, was awful
In the charges that he made;
His books a showin' millions due,
Dern little ever paid;
He never did no dunnin',
Ner seemed to send no bills,
But semi-'cashun-ally got
A calf in swap for pills.

"He wurn't no dude, the doctor,
Ner much on social sprees,
Although you found him always round
At baby matinees;
He wurn't no hand at 'ligion,
Our preacher shook his head
An' called the Doc an infidel,
Who'd go to hell when dead,—

"Until one day, he had a dose
Of sympathetic pain
Becus his wife had carelessly
Done got that way again;
An' then he sent a scootin'
For our doctor on the fly,
Dead scared ter death for fear he'd go
To mansions in the sky.

"Why, all the poor folk in the town
And country, far an' wide,
When pushed, would touch the Doc for pills,
An' dollars on the side;
An' when the tuffist kid in town
Wus jailed--that's right. 'Twus me.
Doc bailed me out and said: 'A boy
In jail he wouldn't see.'

"To-day, as I wus tellin' you,
I got a Billy Duck
From sister, Mary Ann McCann,
A sayin' Doc wus struck
With heart disease, an' died like shot,
His last word bein' 'damn';
A goin' off in all his sins
With no repentance sham.

"An' that's wot makes me screwy-like,
An' lookin' kinder blue;
That cussed rot consarnin' sin
In that there Billy Doo,
About a man with heart so big
Death's arrow couldn't miss it.
An' hand so tender, strong and kind
A queen might pride to kiss it.

"An' by the Great Gee House of Fat,
I b'lieve that when the Doc
Stands up before Jehovah
In the final Judgment Dock,
A godly God will recognize
That there's a manly man,
And——*take off his hat to the Doctor*—
The same as the Kid McCann."

HERE are a few paragraphs from a recent issuue of *The Humboldt (Tenn.) Leader:*

Aunt Mollie Blue sent a fine basket of apples to *The Leader* office yesterday. Aunt Mollie is one of nature's noblemen, and her gentle kindness has done much to brighten our dusty path as we journey down the river of life.

Joe Brayton has named his new foxhound after us. The editor of *The Leader* feels highly complimented by this mark of friendship. Joe says he has the longest ears and the loudest mouth of any dog in the pack.

The grim reaper, with his deadly sickle, visited our neighborhood last Thursday and rowed Uncle Abe Burton across the dark river. He died of bowel consumpton in the Christian faith.

In these glad Christmas times let us not forget to succor those who have been overtaken by the bitter pill of adversity.

WHAT THE GENII BOARD DID.

By W. C. Cooper, M. D., Cleves, O.

[*Editor Medical Journal:* Cleves, Ohio.

Dear Sir,—I send a story which, I hope, will please. Its medical aspect depends upon a physio-psychological discussion which, though brief, is suggestive. An occasional dip into biological ultimates, including the æsthetics of physiology, is grateful to the studious and thoughtful doctor, or, for that matter, layman. Grateful for past courtesies, I am respectfully, W. C. Cooper.]

IT was Christmas eve at Mayor Henry's and the parlors of his grand mansion were filled with happy young people. That is, they were all happy, judging from surface indications. In the compound resultant of sweet music and rippling laughter and the undulant murmur of conversation, heart aches, if there were any, were kept well hidden.

In one corner of the room sat a group of ten or twelve young folks, about evenly divided as to sex. Adolphus Stephens, a dudelet of twenty-one, whose present ambition was to "mash" Minnie Henry, was one of the bevy. He had brought a "Genii Board" whlch he knew would be a startling novelty to most of them; and which furthermore, he hoped to be able to manipulate to his own advantage.

Mayor Henry was immensely wealthy and had but two children, Minnie and Joseph. Joseph was twenty-two, handsome, intelligent and large-hearted. Minnie was nineteen, charmingly pretty, highly accomplished, and almost singular for her candor and sincerity. The Mayor's country residence was on a low wooded hill, a few miles from St. Louis, and here it was that the birthday party of Minnie's was being given.

The actions of the Genii Board called out exclamations of wonder on all sides. Joseph and Belle Matson—Joseph's sweetheart snd Minnie's devoted chum—were operating it.

After a few startling surprises, Belle exclaimed: "Say, people, this is an awful mysterious thing; what is the accepted explanation of its functions; can any one tell?"

Walter Biggert, a deep thinker and a philosopher by nature, answered: "I am not aware that there is any accepted explanation. The general conclusion seems to be that its movements depend directly upon electricity, and that for some inscrutable reason, this electricity, under the conditions, becomes a mental conductor. This is not specific, and is, of course, purely speculative."

"Have you a theory about it Walter?" asked several in concert.

"A kind of one," answered he with modest hesitancy.

"Please give it to us, will yon?"

"Well then, *first*," said Walter, "According to my theory, and I am daring enough to believe it will become the Higher Philosophy of the future, mind, including will power, the emotions, etc., is material. According to current philosophy the soul is merely a temporary efflorescence, possessing a quality of force which is not scientifically definable. This scientific (?) soul is dependent upon coarse, expediently differentiated matter for its existence; its entity depends upon philological courtesy. Inexorable exigencies have driven the expounders of this philosophy into mode of-emotion theories which are only *more* unthinkable than they are self-violative. Without taking the time to do so now, I assure you that I can prove the incorrectness of the theory of Tyndall *et al.*, as easily as

I can demonstrate a problem in Euclid."

"Can you demonstrate the truth of your own theory?" asked Joseph.

"I am sure I can, but this, of course, is not the time nor place for an extended discussion of the question, I——"

"But Walter, your theory is as materialistic as Huxley's," interrupted Belle, and materialism is just dreadful, you know."

"All pure reasoning *necessarily* leads to materialism, for the reason that cerebration is *concrete*, and can not contradict itself. It leads too to some form of pantheism, but the pantheism sequential to my theory, so far from contradicting immortal yearnings, completely justifies them."

"Aw, give us a west cawn't you; this thing acts fwom elcctwicity, that's all," said the befuddled dudelet.

Paying no attention to the dudelet, Walter continued: "All occult phenomena, including hypnotism, mesmerism, spiritualism, clairvoyance, etc, depends immediately upon *psychic telegraphy*, and this depends upon mental substantiality. There is a very intimate relationship between electricity and the vital principle, if indeed, they are not identical. It is not so strange therefore that animal magneto electricity should be a mind carrier; indeed this form of electricity is certainly a constituent of the mind itself. The mind's ability to project itself entitatively through an inanimate piece of mechanicism to other minds, confirms my theory with exactly the same force as that with which it denies the current one. Therefore, that toy (so called) is intermediary in a revelation of the awfullest moment—it teaches the soul's possible independence of the body.

"Aw, oome away now chappie, do you pretend to know moah than the preachers?" exclaimed the dudelet.

Ignoring the dudelet, Walter continued: "Through this board, a consensus of opinion is given so that it answers, in immediate social matters, are quite reliable."

"Now you *awe* talking," said the dudelet, "I cawn endaws that."

"Oh," said Belle, "maybe it will show us some closet skeletons and things."

"Would you want it to do that?" asked Minnie.

"N-no," answered Belle, "but wouldn't it be funny?"

"Come now," said Adolphus, "awsk it some questions about me."

"All right," exclaimed Belle, and she proceeded: "Is Adolphus in love?"

"N-n-no."

Adolphus squirmed for he wanted it to say yes.

"Why, hasn't he met his fate yet?" asked Belle.

"He thinks he has."

"Who is he stuck on?" asked Belle.

"M-i-n-n-"

"Oh, do shut it off," exclaimed Minnie, turning scarlet.

Adolphus felt that was Minnie embarrassed because Genii was divulging her secret, so he said with much enthusiasm: "Let it talk, I want to heah it all."

Belle asked: "Is the stuckness of Adolphus reciprocated?"

"*No*," with a jump.

The dudelet was dreadfully confused, and said: "Awmuse youahselves with that silly thing—I'm going oveh to take a hawnd in that game of cawds," and he went. Several others of the party then left, leaving only Belle, Joseph, Walter and Minnie. These four were in the closest sympathy in all matters.

Belle said: "Genii, can you tell us where Will Burton is?"

"Yes."

Here Minnie grew closely even, painfully attentive.

"Where?" asked Belle.

"In Brooklyn."

"What is he doing there?"

"Arranging to go to South America," answered Genii.

Minnie moved nervously on her chair.

"Why is he going there?"

"He is too conscientious to commit suicide—he is going there to join the insurgent army."

Minnie grew pale, and showed every evidence of deep distress.

"Is he heart-broken?" asked Belle.

"Yes."

"Will you tell us why?"

"Because he thinks Minnie has proven false to him."

They were all startled at this answer, and looked inquiringly at Minnie.

"Oh!" exclaimed Minnie, in tears, "what dreadful mystery is this?"

"Why does he think Minnie false?" asked Belle.

"On account of a certain note he received."

"Can you explain?"

"Yes."

"Please do so."

"Minnie sent a note to Will, asking him to bring over the last copy of *Scribner's* the next time he called. The boy lost the note, and Adolphus Stephens found it. He would like to go with Minnie, and he is not scrupulous; also, he is an expert with the pen. He easily imitated Minnie's chirography and sent a note to Will purporting to be from Minnie."

"Can you reproduce the language of that note?"

"Yes."

Minnie's indignation and grief increased as the Genii board talked on. The same was true of her friends.

"Proceed," said Belle.

HOME, June 2, '94.

Will Burton:

Dear Sir, I find I have been mistaken—I do not love you. I should rather not meet you again. If you want confirmation of this, pass our house at daybreak tomorrow and you will see a yellow ribbon hanging from my window. Regretfully,

Minnie.

"*Did you ever!*" exclaimed Belle. "We know now, Minnie, how that ribbon got there—the mystery that so puzzled us, is solved."

Minnie's emotion prevented an answer.

"One more question Genii," said Belle: "Did Will walk past the house that morning?"

"Yes."

Glancing angrily toward Adolphus, Joseph said: "After this party is over, I shall choke a confession out of that poodle." And he did, and at this blessed moment, as I give the finishing touch to this true story, Minnie is bouncing *little* Willie on my shoulder, for I am Will Burton.

EVERY man's ideal of a wife—I mean the normal, honest citizen of our Republic, who looks forward to making of himself and his line, stones to support his bulwark—is a girl who may be pretty, who might be brilliant, but who must be good. He also recognizes instinctively that her grace should not be too costly to wear every day. That she shall be cheerful of temper, inclined to take short views of human infirmity, and sound of health, he is apt to consider, within himself, as essential. If all those who, before marrying, omitted to think about these things had done so, it is possible we should hear less to-day of the incompatibility of man and woman. —*Mrs. Burton Harrison in the January Ladies' Home Journal.*

A SUGGESTION.

He—My wealthy uncle is very sick. What shall I do?

She—Send for a minister.

Mrs. Knervz rang the bell for the domestic. "Norah," she said, when the kitchen lady appeared, "I'll feed the canary myself after this. The doctor says I must take more exercise."

RIGHTLY NAMED.

He said—"She is a regular peach,"
When he wanted to make her his own;
She proved that the statement was true,
For he found that her heart was a stone.

NO CAUSE FOR ALARM.

Patient—I am troubled with insomnia. Is that a bad sign?

Young M. D.—Oh, no, anyone that has insomnia is sure to be troubled by it.

His trouble. Guppins—Billings, you look as if you had been losing sleep.

Billings (whose room is just above a music-teacher's)—I have. I suffer untold misery at night from chronic guitar.

AN UNKIND CUT.

Author—I am troubled with insomnia. I lay awake at night, hour after hour, thinking about my literary work.

Friend—Why don't you get up and read portions of it?

UNCERTAINITY.

Why, demanded the Camel, rathor irritably, do you scrutinize me so fixedly?

Pardon me, returned the Dromedary, in confusion, but tell me, pray, have you really two humps, or did I tank my self at that last oasis?

BORN TOO SOON.

Dr. Huggins—A German scientist has discovered that men are becoming scarce, and that in three thousand years there will be but one man to every two hundred and twenty women.

Dr. Kissame—I wish my birth had been postponed a few thousand years.

A SEA SONG.

The bosom of the ocean
So delicately blue
Is lovely, for it always
Is unto Nature true.

In all its rounded beauty,
Rolling from cape to cape,
There is not a bit of padding;
To help its dimpled shape.

Flatte—"Whenever my wife is sick and we have no cook I always get breakfast."

Streete—"I did not know you could cook."

Flatte—"No more can I."

Streete—"Then how the mischief do you get a breakfast fit to eat?"

Flatte—"I go to the restaurant for it."

VERY SOOTHING.

The following testimonial of a certain patent medicine speaks for itself: "Dear Sir—two months ago my wife could scarcely speak; she has taken two bottles of your Life Renewer, and now she can't speak at all. Please send me two more bottles. I wouldn't be without it."

THERE is a good story told of a Hartfordshire farmer. A few nights ago he went home late and drank a pint of yeast in mistake for buttermilk. He rose three hours earlier the next morning.

AS CLAIMED.

Indignant Customer.—"That 'One Minute Toothache Cure' you sold me is a fraud, do you hear? It took it almost half an hour to act."

Druggist.—"How long did it ease your tooth?"

"About a minute."

"Yes; that is the one minute part of it."

"How's your infant son?"

"First-rate—just like a student."

"How so?"

"Sleeps in the day-time and kicks up a row at night."

ACROSS THE COURT.

Mrs. Keegan—"For hivins sake, Mrs. Casey, phwat is that turrible shmellin' shmoke?"

Mrs. Casey—"It's Mrs. Dooney below wid phwat she calls disinfectants."

Mrs. Keegan—"Well, will yez plaze tell her from me that if she don't shtop it, oi'll complain to the Boord of Hilth."

Mrs. Newlywed"—John, love, you must really grow a beard."

Mr. Newlywed—"Nonsense, pet, why do you wish that?"

Mrs. Newlywed—"So that when you carry baby nights he 'll have something to grab hold of."

A LECTURE ON ANATOMY.

Teacher—"How many bones have you in your body, Jimmie?" Jimmie—"Two hundred and nine." Teacher—"But the other pupils have not so many." Jimmie—"Well, they ain't had fish for dinner like me."

YOU may wonder at the seeming absurdity of the following catechism of the small boy of the coming years, says the *Hampshire Gazette*, but who will dare say that it is so very far out of the way? The pupils of our future schools are supposed to submit to this examination:

Teacher—"Johnny, have you got a certificate of vaccination for smallpox?"

"Yes sir."

"Have you been inoculated for croup?"

"Yes sir."

"Been treated with diphtheria serum?"

"Yes sir."

"Had your arm scratched with cholera bacilli?"

"Yes sir."

"Have you written a guarantee that you are proof against whooping cough, measles, mumps, scarlet fever, and old age?"

"Yes sir."

"Have you your own private drinking cup?"

"Yes sir."

"Do you promise not to exchange sponges with the boy next to you, and never use any but your own pencil?"

"Yes sir."

"Will you agree to have your books fumigated with sulphur, and sprinkle your clothes with chloride of lime once a week"

"Yes sir."

"Johnnie, you have met the first requirements of the modern sanitarians and may now climb over yonder rail, occupy an isolated aluminum seat and begin making P's and Q's as your first lesson."

THE GERM CLUB PAPERS.

Membership:—The Doctor—The Theorist—The Observer—The Reasoner—The Schemer—The Student—The Inventor—The Cynic and the Doctor's Wife.

EDITED BY THE SKEPTIC.

The Doctor started the conversation at the last meeting of the Germ Club with a question:

"Gentlemen" he said, "this club has been meeting in my house on an average of once a month for the past year. I want to ask if during that period you have happened to notice my six-year-old son William?"

The silence that followed this query was broken by the observer who said: "Doctor, we have all noticed the twelve boys, all of them about six years of age, whom we have, at one time or another, met about the house, and have often wondered which one was your son, William, and who the other eleven youths were."

"Gentlemen," responded the Doctor solemnly, "I am about to make to you a most astounding confession. All twelve of those boys are my son, William."

The members of the Germ Club stared at the Doctor aghast. The Observer alone retained sufficient self-possession to protest.

"Excuse me, Doctor," he said, "but surely you do not mean to assert that you have twelve sons, all of them six years of age and all named William?"

"No," replied the doctor, "but I do mean to say that you have all been misled. There is, and never has been, but one boy in this house, and he is six years old, is named William, and is my only son.

"Impossible!"

"Rot!"

"Nonsense!"

"Fiddlesticks!"

When this fire of exclamation had subsided the Doctor gravely wagging his finger at them continued: "Gentlemen, have

you ever known me to tell you a falsehood? The statement I have made may seem strange, but it is nevertheless true and susceptible of explanation."

"Oh!" exclaimed the observer, "if it is just a riddle or a hoax, all right. But I will take my oath on a stack of bibles as big as all the busted fads of the medical profession that I have seen twelve boys in this house. That all were in the neighborhood of six years old, but some were tall and some were short and some were light and some were dark, and some were fat and some were thin, and some were bright and some were dull, and some had Roman and some Greek and some pug noses. One boy was thickset, brawny, fair, pugnacious and silent; in fact a miinature Britisher. Another was all mouth; he could twist that slot in his face into all manner of shapes. The boy I met in the hallway to-day was grossly fat, pompous, vain, slow evidently dull, but stubborn as a mule. He reminded me of an abridged edition of Grover Cleveland."

"Exactly! You've hit the nail on the head to a tee-y-ty!" exclaimed the Doctor, rubbing his hands gleefully, "the last time I inoculated that boy, I did so with a Grover Cleveland microbe!"

"Inoculated?"

"A Grover Cleveland what?"

The members of the Germ Club gasped and stared at the Doctor with distended eyes.

"That's what," responded the doctor, "a Grover Cleveland 'Microbe *de Individualite*.'" Gentlemen, I will explain. For years I have been experimenting and at last my experiments have reached a point where I can make known to the world the most astounding discovery ever made by a member of my profession. Some years ago, reasoning from the same premises assumed by the great Doctor Koch, I arrived at the conclusion that all the distinguishing mental and physical characteristics of individual men were the product of certain breeds of bacilli which infest the brains of men. You have all observed that sooner or later a married couple come to resemble each other in both facial and mental characteristics. This fact combined with some very deep and arduous reasoning on the lines followed by

the Koch school led me to the conclusion that physical and mental characteristics are contagious. With this hypothesis in mind, I resorted to microscopy. I soon discovered that I was correct in my conclusions.

"I discovered, gentlemen, that the minds of men and women are infested with bacilli of various breeds. I also discovered, by experiments on guinea pigs, rabbits and street-car mules that these Bacilli *de Individualite*, when released from the dried nasal discharges of one person, and inhaled by another, under certain conditions, produced in the latter person the same mental and and physical characteristics obtaining to the first. I also discovered that mental and physical characteristics can only be acquired by inhaling the Bacilli *de Individualite* from without. Mental and physical characteristics in married life are simply a matter of the relative strength of the bacilli. If the Bacilli *de Individualite* of the husband are more robust than those of the wife, the wife will grow more and more like the husband, and vice-versa.

"Children do not inherit their mental and physical characteristic from their parents. They inhale 'em. If the mental microbes of the mother are more virile than those of the father the children will look like the former. If, unfortunately, there is a good looking neighbor, whose brain-bugs are husky, who drops in frequently, the children may inhale his characteristics with deplorable results. When these facts are generally known handsome neighbors will be quarantined by the board of health.

"Having demonstrated my theory to be correct I proceeded to experiment on my son, William. I secured a small gob of the nasal discharge of the Prince of Wales. Drying it I succeeded in isolating some of the Bacilli *de Individualite*. With these I inoculated William. He promptly developed all the mental and physical characteristics of the British Prince and within a week his mother had to thrash him for shooting craps with the newsboys.

"I repeated the experiment with the Bacilli *de Individualite* of great poets, prize fighters, ex-presidents and other famous personages, with unvarying success. A week after I had inoculated him with the serum of Russel Sage he could pick his own

pockets without knowing it himself. I inoculated him with Talmagian bacilli and his mouth grew to such enormous dimensions and took on such horrible shapes that my wife threatened to go home to her mother and we both had to wear cotton in our ears. I then inoculated him with the Bacilli *de Individualite* of Grove Cleveland and you may all observe the result. Mary, go and tell William to come here.

After his wife had left the room the Doctor continued"

"Now that my wife is not here, gentlemen, I will admit that since inoculating the boy with Grover's bacilli, I have tried repeatedly to inoculate him with those of some more desirable personage but without success the president's bacilli appear to be very robust and stubborn. I am terrified for fear that he will grow up an incurable cuckoo. If his mother knew it, she would die of grief.

At this moment the Doctor's wife returned, sat down and burst into tears.

"Is William coming?' asked the doctor.

He says: "He wont!"

"Wonderful! Wonderful!" Chorused the amazed members.

"Gentlemen," suddenly interrupted the inventor, springing to his feet and rushing around and shaking hands with his confreres, "allow me to congratulate you on your mutual resolutions to get married and beget sons, whom you will inoculate to be great statesmen, poets, novelists, dramatists and financiers."

"How in the deuce," they asked in one breath, "did you know that?"

"Thus!" triumphantly exclaimed the inventor, removing his hat which, much to the surprise of the Doctor's wife, he had worn all the evening.

The clubites gazed open-mouthed at the inventor's head. It was surmounted with a huge flaring funnel attached to a slender tube which seemed to pierce the apex of the inventor's cranium.

"This, gentlemen," said the inventor, pointing at the peculiar contraption, "is the Hunchplunket, which at the last meeting I promised to show and explain to you."

"And pray," queried the Cynic, "what in the world is that tin horn good for?"

"Good for," shouted the inventor, "good for! Why, sir, with this tin horn, as you call it, I sat here this evening and read the thoughts of every member of this club, and if I were to reveal those thoughts in all their naked truth, this would be the last meeting of the Germ Club."

When the chorus of "Boshes" had subsided, the Inventor continued more calmly:

"Gentlemen of the Germ Glub: This machine, the Hunchplunket, is the product of years of study and experiment. It is based upon thoroughly scientific principles. You all know that sound is conveyed by waves of the atmosphere, which beating upon the ear enable us to hear sounds. Light is conveyed by waves of subtle ether which, beating upon the eye, which is simply an optic-ear, enable us to hear sights. Now, gentlemen, I discovered that thought also, was conveyed and hearable. It is conveyed by waves of a still more subtle ether. Some times a man becomes sound-deaf and cannot hear sounds and sight-and cannot hear sights. In this age all men are thought-deaf and cannot hear thoughts.

"It was not always so. Centuries before the twilight of history men had mental-ears and could hear thoughts. There is no record of that period for the simple reason that it was before man developed the organs of speech or learned to write. As they learned to talk and write the thought-ear was less used, gradually became deaf and fell into innocuous desuetude, as the Doctor's boy would say. Finally it became stone-deaf. Although not used, the thought-ear, like the vermiform appendix, still exists.

"Gentlemen, did you ever notice the soft spot on the top of a baby's head? That is the thought-ear, now deaf and overgrown with bone. My invention is simply a thought-ear-trumpet which enables me to hear all thoughts which are "thoughten" within hearing distance of me."

At this point the Student suddenly blushed deeply, grabbed his hat, and left the room. He was followed a moment later by the Theorist, the Reasoner and the Observer, all of whom seemed to be suddenly struck by an embarrassing idea.

"Having reasoned out my theory," continued the Inventor, "I consrtucted this delicate mechanism, sawed a button from my skull exposing the dormant thought-ear, gradually stimulated it with drugs and exercise, inserted this tube, attached the thought-ear-trumpet, and now all men's minds are open books to me."

The Cynic and Doctor caught each other's eyes, blushed, and precipitately bolted the room.

"For instance," continued the Inventor, addressing the Doctor's wife, "I know what you are thinking of at this moment."

There was a blush, a flurry of skirts and the Doctor's wife was gone. The Schemer alone remained.

"Say, Inventor, old boy," said that individual, "can you fix my head up and attach that concern by tomorrow night?',

"Yes. Why?"

"I want you to do it. I'm going to sit in a poker game and if you'll do it, I'll split winnings with you."

"Its a go."

As the Inventor and Schemer left the house, the Doctor's wife pulled back the former and whispered:

"Please, Mr. Inventor, can you tell me what or who the Doctor was thinking about when he rushed out of the room?"

"I can," said the Inventor firmly, "but I won't."

LETTER TO A PHYSICIAN'S WIFE.

My dear Doctor's Wife:—As I mentioned in my last letter to you we are having an epidemic of small-pox here in Washington. The eighteen physicians appointed by the Health Officer to look after such cases, have vaccinnated on an average of 500 a day. This epidemic of small-pox has led to the issuance of an order against the "sun-downers." The "sun-downers" are a class of physicians wholly unknown in other cities, and the term when first used in the presence of a stranger never fails to excite surprise. A "sun-downer" is a physician who is regularly graduated and admitted to practice, but he is a government employee,

a clerk in some one of the departments, drawing a regular salary, and practicing medicine after sun down. He has also obtained his medical education chiefly after sun down, attending lectures, and studying after government office hours. He charges such fees as he thinks he can obtain—fifty cents and a dollar—whereas the fee of the regular physician is two dollars. Having a specified salary sufficient to support him outside of his profession, he yet encroaches upon the regular practitioner who is slowly but surely building up his profession. Employed by the government all day he has little time for study, and very limited hours for practice to keep his profession, therefore a "sun-downer" is not looked upon with favor by the regulars, and the order recently issued by the Commissioner of Pensions prohibiting any physician employed in the pension office from practicing medicine, is hailed by them with favor.

It is claimed that small-pox has been introduced into the departments by physicians coming in contact with it and then continuing their government duties, and all employees of the Pension Office are hereafter prohibited from practicing. Health Officer Woodward has taken and insisted upon such stringent measures against the small-pox it seems almost a certainty that the epidemic will soon be stamped out.

There are many phases belonging to the practice of medicine besides "sun-downers" that are essentially Washingtonian and at once attract the notice of strangers. The system of government at Washington, consisting as it does of many departments all filled with employees, necessitates the constant issuing of certificates by physicians.

If a government employee feels himself unequal to his daily task and stays away, when he again presents himself at the department he must do so armed with a certificate from a practicing physician, stating that he has been unable to work, and that he has been under the care of Dr. So and So.

Any physician with a large practice has frequent calls for certificates. The demand generally coming in a great hurry before the doctor's breakfast, that the government employee may get to the department on time.

"But I cannot give you a certificate. You have not been under my care," the doctor may announce. "What is the matter with you any way?"

"Well really, doctor, I have a terrible headache you know."

"Been up all night have you?" queries the doctor.

"Well, perhaps just this once, can't you just give me something to take, and a certificate at the same time, and attend to it quick will you doctor, really I shall be late, you know."

The doctor smiles. It is the same old story told again, and having prescribed for his patient he writes a certificate that he has treated the man who thereupon rushes off to his desk. The next time he stays out is the next time he must have a certificate. Sometimes the man is sick and really suffering, and sometimes he has been indulging in a "good time" and the reaction has been too much for him. In any case, whatever the cause, a certificate he must have. He can always pay on the 1st or 15th, or some other 1st or 15th, between those dates he has nothing.

The government employee is a curious factor in Washington in many ways. With the best intentions in the world, not one of them can make their expenses fit their income. They themselves frankly and smilingly admit they are not equal to the task.

My friend, the doctor's wife, of whom I wrote you is very much taken up with the new acquaintances she is making. She will be of great assistance in helping upbuild her husband's business, but I fear she is going to allow herself to become jealous occasionally, and that is something no physician can combat. He is powerless to remedy that evil if it creeps into his household. Other men can fall in with their wife's wishes, and neglect or avoid such ladies as may have incurred her displeasure. Not so a physician. During his entire practice he is the intimate friend, the counsellor and adviser of all women, beautiful and otherwise, and it is a confidential intimacy like unto no other. A woman will many times give to a physician confidence she would feel totally unable to communicate to her own husband. A doctor's wife must learn to study and respect the professional aspect of their husband's career, which he has no power to

change. Jealousy in a physician's wife can alter his attitude not one jot or tittle, but it can serve to make him intensely miserable, all the more so that there is no way out of it. Women seek him, need his help, pay him for consultations strictly confidential, and he has made all this his life work. He can talk and reason with his wife if she becomes jealous of one or more, but when did talking and reason ever subdue jealousy. Let us hope in this instance the foe will not really invade the doctor's household. I am glad to be able to state that he is following the old-fashioned idea of keeping strictly to his office hour, and not being "down town" or "just called out," when he is most wanted. He thinks if he is looking for business the place to find it is in his office, and by keeping his hours strictly and always being on hand when patients call. He has worked up already quite a successful practice. He carries his medicines with him, and never enters a sick room night or day, that he does not have the means of relief at his hand. He decided when he first commenced his career that a lead-pencil and a piece of paper was a poor equipment with which to encounter suffering. The druggists may not favor the method, but all of his patients most highly commend it. There has been, of course, much controversy over the point as to whether it is best for physicians to dispense their own medicines, all of which I will not go into. I will simply state my belief that every doctor should ascertain, if possible, the nature of the case to which he is called, and then take suitable medicines or instruments with him, and not have to send out for the one, or back for the other while the patient is longing and praying for relief.

The doctor's wife tells me that her husband's keepng his office hours strictly and carrying his own medicine has been of the greatest benefit to him. In my next letter I hope to have the pleasure of telling you of some of the prominent physicians of Washington. They are soon to meet.

MABEL HENSHAW WARD.

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

The Monthly Roast.

We cannot repeat too often that it is the aim of this JOURNAL to stand upon a broad and liberal platform, to maintain the right of every doctor, so long as he is honest and truthful, to act as his conscience will let him, and his judgment directs; to advocate a fair and open hearing for the new theories that may be advanced; to try, impartially, dogmas of the past that are worthily called in question, showing in what we do and say, neither fear nor favor.

We have, as we shall time and again, called in question the medical Code of Ethics, as it now stands; because it is the weapon of the rich and influential to hold in subjection others less fortunate than themselves, who either on account of the lack of years and experience, have not yet gained independence to assert their own rights, or who have meekly followed as they have been bidden, without questioning; because the spirit of the Code of Ethics is opposed to progress, investigation, discovery and new improved methods in that it deprives the investigator and discoverer of the pecuniary rewards of his individual labor; because it fosters all kinds of deceit; because it constantly engenders strife and bitterness; because in short, it is un-American, out-of-date, the most prominent relic of the Middle Ages extant in America to-day. We make these charges, every one, with no expectation of having them called in question; certainly without fear of having them refuted. It is the baneful influence of the Code of Ethics that has subjected our profession to such charges as the following taken from a recent issue of a leading daily

paper, and has left us so impotent to meet them. This paper characterizes doctors as follows:

1. They are intolerant of criticism and contradiction.
2. They are unwilling to acknowledge each other's gifts.
3. They think they know it all.
4. With advancing years, this dogmatism and intolerance increase so that they do not hesitate to designate as a knave, a fool, or a clown any one who ventures to differ from them in matters professional or otherwise.
5. They offer most absurd statements in defense of professionel pride.
6. Lastly, the average doctor needs special training to bring him into the category of a true gentleman.

Commenting on the foregoing sweeping charges the *American Lancet* pointedly says, and in so saying gives our newspaper antagonist the sharpest possible thrust:

"We are bound in all honesty to admit that those physicians who are most apt to be seen by newspaper men are but too often innocent of the training of educated gentlemen, however able they may be as physicians. The newspaper man knows them, as they look to him for free advertising. They wear out their shoes visiting the reporter's quarters. They ventilate their views before the public on all occasions, whether they have an adequate knowledge of the topic or not. Having bullied helpless sick people, ignorant withal, they think the same tactics adequate for their dealings with other people."

Apropos of these subjects Cincinnati furnishes us a fine illustration of the moral influence of the Code of Ethics on an energetic ambitious doctor who is placed by it, as such always are, in about as untenable position as that man who tried to ride two horses headed in different directions.

For many years Dr. Whittaker has been a prominent stickler for the Code of Ethics, at the same time he has been a physician much *in evidence* and has prospered materially, that the public press, condemned so boistrously by all codists, has contributed largely to his success no one knowing the circumstances can deny. We have before noticed the fact that he was very "accessible" to the reporters The files of the Cincinnati papers

testify to this fact. At the time attention was called to the two-column interview with him published on his return from Europe last Fall, bearing the alleged first vial of antitoxin diphtheria across the Atlantic. Early in the last month he perpetrated as fine a bit of newspaper advertising as often sees the light of day.

The *Commercial Gazette* was the avenue chosen for the following:

Dr. Whittaker Denies a Report That He Will Leave Us—Condemns Our Water Supply.

In some way a rumor gained ground among the students of the Ohio Medical College to the effect that Dr. Whittaker, having been offered a chair in Bellevue College, New York City, would sever his connection with the local institution. When approached on the subject, Dr. Whittaker said in his characteristic way:

"No, sir, you could not drive me out of Cincinnati, try as you would. I can not understand where such a report originated unless it grew out of the fact of my resigning my hospital position, which I did recently. Leave the Medical College of Ohio—why, sir, I feel like a deacon in a church. I have come to regard myself as one of the pillars of that institution, and I think we have the greatest medical college in the West. For twenty-five years I have held the Chair of Theory and Practice of Medicine in the old school, have lectured to generation upon generation of medical students and will continue to do so, unless something very unexpected should prove an obstacle to my continuing."

"What do you think of the probability of a local manufactory of the serum here, and its possible succes?" was asked.

"That is a question somewhat difficulty to forecast," replied the Doctor. "Personally I would favor the agitation of a project for home manufacture of antitoxin, and yet we are getting an abundance of the foreign article, and that is bound to be better quality, you know. In time, I think, we will be enabled to prepare antitoxin at home, with what degree of success, of course, I can not say. Has my faith in the efficacy of antitoxine as a medicant in diphtheria been any way shattered? No; if anything, I am more of an enthusiast than ever on the new discovery. But I will tell you what ought to be agitated in this city, and that is the improvement of our water supply. Our present facilities, and the quality of water we are getting, is a disgrace to the city of Cincinnati. The water at present is just permeated with disease germs and microbes, and it is a cause of surprise that there are not more cases of typhoid fever in the city. The matter should be agitated and kept alive, and agitated again, until the authorities are forced to take steps toward giving us a purer and better water supply, which would be a credit to greater Cincinnati."

The foregoing are the words of the newspaper. Something like this is what the intelligent reader finds between the lines. For Dr. Whittaker to leave Cincinnati would be a public calamity. Dr. Whittaker is a wide-awake progressive physician, as shows by his knowledge of and interest in the antitoxin question. Dr. Whittaker is generously public-spirited, as evinced by his unqualified denunciation of the disease-breeding water supplied the city. Dr. Whittaker is the physician I'll call

when I'm ill, if I have money enough to employ so great a man. Because the Code of Ethics necessitates its would-be followers to resort to such devices as the foregoing we condemn it.

* * * *

In Defense of Proprietary Remedies.

The following sensible talk on the mooted question of Proprietary Remedies taken from a recent issue of the *Charlotte Medical Journal* tallies with our views on the subject, and we unqualifiedly recommend it to the careful and favorable attention of our readers. We believe the position held by our esteemed contemporary will be eventually adopted and endorsed by all.

"This subject may be a sore eye to some, but its importance will out-weigh its commonness. The medical journal that does not write about proprietary remedies is not up to date as regards medical topics. After thinking over this matter, and looking over many medical journals, one is struck by the many protests against the use of these medicines by physicians. These protests can come from two sources—either from the ignorant and prejudiced practitioner, who does know that the therapeutic effect of proprietary medicines, to which all the resources of art and science have been contributed, must be much better than the prescription hastily and crudely compounded at the drugstores, or by the druggist, who endeavors to protect his interests. Everybody knows that the profits made from the sale of drugs far exceed that obtained from the sale of proprietary medicines, but the profit gained in the first case is at the expense of the patient, but in the second at the expense of the druggist. I do not wish to disparage the druggist, but the interests of the patient must be considered. When we remember that there are remedies which, when combined by a particular process, exert a curative power no imitation can equal. Must we then refuse to use such a remedy because we do not know every detail in its manufacture? The remedy is no less valuable because we do not know everything about it. The manufacturer of proprietary remedies must keep his products as the standard, and in prescribing such remedies we always get the purest quality of drugs compounded with the greatest skill. Then, when proprietary

medicines have proved to possess great therapeutic value let us exercise justice and prescribe them."

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The Green Dodger For Green People

Some months ago the JOURNAL called attention, in no unkind manner or spirit, to the fact that the beautiful annual "Circular of Information of the Western Pennsylvania Medical College," sent broadcast throughout the land, was grievously marred and necessarily discredited by the glaring green dodger found neatly folded within each copy, setting forth blattantly and in detail the virtues of "*The Stewart Patent Shoulder Brace and Skirt Supporter * * * * Correspondence solicited. The Perfection and Ideal Suspender Co., Pittsburg, N. Pa.*" Our *expose* of this very unusual and unprofessional method of *pushing business* evidently made no little commotion in the faculty and among the trustees of the dignified and irreproachable Western Pennsylvania Medical College. At any rate, such would seem to have been the case, from the following "note" which appeared conspiciously in the advertising space of more than one medical periodical the month following:

"The MEDICAL JOURNAL having called attention in an uncomplimentary manner to the last Annual Circular of the Western Pennsylvania Medical College, because of a printed advertising slip having been placed therein, I deem it my duty in justice to the Trustees of the College to state it was done *without their knowledge or consent.*

As soon as they discovered the presence of the obnoxious slip they ordered its immediate removal. About eight thousand copies had already been distributed, but was removed from the remainder. Very Respectfully,

W. L. NICHOLSON, Printer for College."

We printed this notice *without cost*, and with the comment that this JOURNAL believes the authorities guiltless and that they were not injured in its ethical esteem. Here the matter dropped, we congratulating ourselves that we had been of real service to both College and Faculty who were being shamefully imposed upon by some venal employe; but there is a sequel to the story.

Early in January, for the sake of collecting some valuable statistics to be used later, we wrote to the secretaries of the one hundred and fifty leading medical colleges in this country, requesting them to send us copies of their last catalogue or announcement; to the Western Pennsylvania Medical College among others. Imagine our surprise and chagrin when on the receipt of the Circular of the last-named institution, we again found between the cover and the first page the same old glaring green dodger, boasting of the "health, comfort, convenience, simplicity and economy of the *Stewart Patent Shoulder Brace and Skirt Supporter for ladies.*" It is needless to say that this was a very chilly surprise, that we felt as though we had been "played tag with."

In view of all the circumstances we can only ask our former question, more pertinent now than ever before. "Is the shoulder brace factory connected with the University, or is the University a branch of the suspender factory?"

UNDER the title, First Attacks on the Mother Tongue, Prof. James Sully will describe in the February *Popular Science Monthly* the manner in which children learn to imitate speech and then to apply correctly the words that they use. Some of the amusing mistakes that they make in both processes are accounted for in Prof. Sully's arlicle.

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A DESCRIPTION of the United States Geological Survey will be contributed to the February *Popular Science Monthly* by the new director, Mr. Charles D. Walcott. The past work of the survey and its plans for the immediate future are described in this article.

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THE serum treatment of diphtheria will be explained in the *Popular Science Monthly* for February, by Dr. Samuel T. Armstrong, visiting physician to the hospital for contagious diseases, New York.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *FEBRUARY, 1895.* *No. 2.*

Editorial.

The Germ Club.

The attention of our readers is invited to the report of the last "Germ Club meeting" printed in this issue of the JOURNAL. The *personnel* of the Club is varied, unique and interesting. The questions discussed are of vital importance, and handled in a manner that reminds one of the methods of Chas. A. Dana, the great editor of the great *New York Sun*. No one can follow the deliberation of the Germ Club, and not be benefitted by the variety and novelty of the suggestions which surprise and fascinate the reader in every paragraph.

At their next meeting the Germ Club will discuss, among other topics, The Medical Code of Ethics; and while we cannot pretend to say what position or positions they may take on this question, it is safe to affirm that there will be a lively meeting. The secretary of the Club bids us to invite any of our readers who may take exception to their stand on any question, or who may wish to endorse them, or emphasize them to communicate with the Medical Journal.

The series of articles on "Representative Doctors" is begun in the JOURNAL this month. It is proposed to continue them. The pictures of other representative country practitioners in Illinois will appear in our March issue. Those receiving an invitation to favor us with their photograph will confer a favor by complying at once, or advising us of their inability to do so, that there may be no vacancies in the space set apart for them. It is our present purpose to carefully preserve the half-tone plates made for illustrating these articles, which will be used in a much more exhaustive biographical history when the whole territory has been covered.

* * * *

Hints on Pneumonia

The rapid removal of our forests in this and other states has deprived us of a powerful antagonist to this disease, and is rendering our climate most unstable, deprived us of a perennial source of protection which had a distinct therapeutic value in all ailments of the respiratory organs.

It cannot be denied that in the spring and fall pneumonia is epidemic in many places, its mortality great, and increasing under the use of the coal tar preparations so generously furnished us by our Dutch friends. There is a predisposition in our very atmosphere to this dreadful malady; in nervous depression, exhaustion, intense struggle, exposure to extremes of heat and cold, under these conditions the primary elements of lung nutrition are changed, altered degraded into other living matter, a disease germ, the pneumococus.

Now the very presence of this germ in the substance of the lungs, is the cause of red hepitization; if the powers of life are feeble it grows with great rapidity, excreting its toxines in such abundance as to cause its own death.

We are compelled to state that the mortality from pneumonia is on the increase by the administration of such remedies as the coal tar preparations. Cinchonia is always of great efficacy as it aids in the elaboration of red blood corpuscles. Chloride of ammonium in syrup of Senega should not be neglected. Chloride of Ammonium is certainly of great utility. It is our opinion after careful observation, that the Chloride of Calcium is our most valuable remedy in pneumonia.

We have used it in doses of ten grains every four hours and believe it destroys the Pneumococus, and renders the ptomains inert, but certain it is that the germ growth is arrested, disease shortened, or entirely broken up, when it is used.

Now before closing my remarks I wish to say a word in regard to a blister. I am aware that those who are acquainted with me in consultation over cases of Pneumonia, observe in certain cases I recommend unusually large vesicating surface with cantharides, that I insist on covering the entire front of the chest often. Now local stimulation of the diseased lung in Pneumonia is always of efficacy. I believe there is a vital element in cantharides not yet

known and he who will closely observe will come to the same conclusion.—*E. J. S.*

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A Suggestive Story

I had often wondered how it was that Dr. Henry had made such a great reputation in his practice of medicine, and been able to save so much money. We were boys together, our father's farms adjoined down in Southern Indiana; but with these differences. My father owned a full quarter section of as rich land as there is in all the old Hoosier state. It was well stocked and there was money in the bank, and at interest beside, while I was an only child. His father possessed barely a hundred acres, poor land at that, and always had a hard time to make both ends meet, for he had a large family. H. and I were about the same age and great chums. We went to the district school together, fought for one another and with each other with the utmost zeal. We were both called fairly bright boys. I always knew in my own soul that H. was brighter than I. Even as a lad he seemed instinctively to know how to take advantage of every possible opportunity; but what I lacked in brains was fully made up for, at the time, by the reflection I carried of my father's greater wealth and consequent importance.

While we were yet youngsters we decided to become doctors. When we finished at the district school, I was sent away to a well-known preparatory institution in Mass, later to Yale College where I graduated. Then took a three years medical course at Philadelphia, and completed my studies two years later at Goetingen, Germany. I returned to my native land, settled at our county seat in Indiana, and soon had a good practice. I am still there, happy enough and prosperous enough maybe, but I am not great, and I never expect to be.

Meantime Henry has won a national reputation. After having the district school, he staid on his father's farm for severa years. He had to. He was studying all the time. Later he managed to work his way through one of the Medical Colleges in Louisville. He then went to Wichita, Kansas, just when the great boom was beginning. Some way he caught step with the people and times; and real estate did not grow in popular favor

faster than did my old neighbor. He left Wichita just in the nick of time, and came to Chicago; and to-night I am his guest at his princely home on Michigan Avenue. After dinner—the best one I ever ate, I verily believe—when we had settled down in his library with our cigars for a reminiscent chat, among other things, I asked him how it was that he had succeeded so well. He thought some time before he answered—he always does—at last he surprised me with a reply something as follows. "Aside from always being a hard student," he said, "attending closely to my business, and letting other peoples' alone, early in my practice of medicine I hit upon an idea to the faithful carrying out of which I think a large part of my somewhat rapid and exceptional success is due. I have always made it a point to inform myself on subjects in which I am interested professionally at the earliest possible moment. In 1878 when I first went. west, whenever I saw a new preparation advertised in any Medical Journal I sent for literature and sample at once. I have found that I was repaid for the work and expense directly many times over, while the indirect results are my so-called success. I soon became known in our local medical society as the one most likely to be posted on new subjects. The reputation spread, not only to our county and state organizations, which was gratifying to my pride; but what was vastly more practical, it brought me patients. In Chicago I found this reputation had proceeded me, and by hard work and diligent care I have maintained it. I was the first here to secure samples of antitoxin, and to familiarize myself with its production and theory. I have not endorsed it yet. I lag a little when it comes to endorsing foreign fads, but I know as much about it as any one." This was about all he said on the subject, but it seems to me very suggestive, and I am determined to go back home and try his tactics, old as I am. It may be that I shall yet get out of my hum drum nest, and possibiy be one of the leading doctors in Indianapolis.

The Editor's Letter-Box.

[Brief Communications Solicited.]

NEW YORK, Jan. 29, 1895.

To the Editor:

I note that there is to be a gathering of physicians at Columbus, Ohio, or that such a meeting was advocated. Don't you think that the recent dangerous fad of society women who are risking their own lives and those of their friends by keeping pet bacilli, some of them of the most dangerons varieties, about their houses and persons, should be called to the attention of this gathering. The fad is not only dangerous to guests who are liable at any moment to inhale a bacillus and be laid low with consumption or corns, but the fashion of painting these pet microbes red, blue or old gold to match the furnishings of parlors is cruel to the poor little bacilli as it stops up their pores and causes them untold sufferings. The attention of the Society for Prevention of Cruelty to Germs should be called to the fad.

Truly yours, BOARD. O. HEALTH, M. D.

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CINCINNATI, Jan. 27, 1895.

DEAR EDITOR: The attention of the authorities should be called to the recent fad of keeping pet bacilli. My little boy, while on his way home from school yesterday was attacked by an old grey-headed ruffian of a microbe of the mumps variety, the pet of a neighbor, and severely handled, the seat of his trousers being horribly mangled. Is there any law or police regulation to cover this? If there isn't there should be. The owners of such dangerous pets should be forced to license, tag and muzzle them. Yours truly,

City Hospital. STUMPS SIXBERRY, M. D.

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PIGEON ROOST, KY., Feb. 1, '95.

DEAR EDITOR: Is it true as reported that alcoholism is contagious and is transmitted by the bacilli cocktaili. If so, can I

obtain a divorce because of the imminent danger of contagion. Henry's breath is just alive with them.

Yours respectfully,

WIFIE BLUEGRASS.

* * * *

LEXINGTON, KY., Jan. 26, '95.

DEAR EDITOR: Will you kindly inform me whether a bacillus, whose sire is a thorough-bred bacillus tuberculosis and whose dam was a half-bred bacillus meningitis, is likely to develop into a runner or a trotter? Truly yours,

ALEX. BREEDEREAN.

* * * *

TUXEDO, Jan. 25, '95.

DEAR EDITOR: Can any of your lady readers tell me where I can get the proper pigments with which to paint a yellow bacillus colicus sky-blue to match my drawing-room furniture?

Yours respectfully,

MARRIED SMYTHE.

* * * *

BIG BABY, MICH., Feb. 3, '95.

DEAR EDITOR: Where can I get a microbe mask? My wife is in a delicate condition, and I fear contagion.

Yours respectfully,

PAW-PAW JONES.

* * * *

LYNDEHURST KENNELS, L. I., Feb. 4, 1895.

DEAR EDITOR: Please advise your readers that I have for sale a red, white and blue bacillus of genus the matrimonial. Is thoroughly house-broke. Warranted contagious and just the pet for some elderly spinster. Yours, etc.,

BILL BICEPS.

Comments and Communications.

The Weather Bureau and the Doctor.

We gladly give place to the following communication which explicitly explains itself. An opportunity is here furnished for every physician, so inclined, to render a valuable service to his country, and one that will be appreciated, not without promise of ultimate reward.—*Ed.*

WEATHER BUREAU.
WASHINGTON, D. C., January 2, 1895.

Editor Medical Journal:

At the instance of the Honorable the Secretary of Agriculture, the Weather Bureau will extend the scope of its work, as set forth in the accompanying circular.

As there are doubtless many persons who may be interested in the proposed investigation and willing to co-operate and whose names are not known to the Bureau, I would be pleased if you would give notice to this investigation in the columns of your publication. Very Respectfully,

MARK W. HARRINGTON. Chief of Bureau.

* * * *

WEATHER BUREAU,
WASHINGTON, D. C. JANUARY 2, 1895.

The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable the Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climates of the country in connection with the indigenious diseases should be of material service to every community, in showing to what degree local climatic peculiarities may favor or combat the development of the different dis-

eases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty co-operation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this co-operation other than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in work.

Co-operation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accurate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the Bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present *Monthly Weather Review*, the subject matter being, of course, different.

More detailed information will be furnished on application.

MARK W. HARRINGTON, Chief of Bureau.

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Dr. Judas. A book of unique character which will undoubtedly attract more than ordinary attention is announced for early publication by S. C. Griggs & Co., Chicago. Under the title "Dr. Judas," the author, Mr. William Rosser Cobbe, a well-known Chicago journalist has depicted with an unusually facile pen and with rare descriptive powers the terrible experience of an "opium fiend" of nine years standing. He writes from personal experience

with what he aptly terms the Judas of drugs; describing, in all its phases, the mental, moral, and physical degradation of the victim, stripping the habit of its glamour and deceit, and revealing to the uninitiated the disastrous consequences of indulgence in this most dangerous of addictions. Due attention is also given to other toxic agents, as cigarettes, chloral, cocaine, hasheesh, etc.

In this work the author seeks to enlighten the public respecting opium, to warn of the dangers of its employment to physicians, to enlist co-operation in effort to regulate its use of the certainty of a complete release from its bonds.

To the general reader this book will be of interest because of its fascinating literary style, while it will prove of incalculable value to the physician because of its graphic portrayal of the effects of opium upon the body; to the lawyer for the important bearing of its facts upon jurisprudence, and to the teacher as a guide in warning the young against the baneful influences of all forms of pernicious and enslaving drugs.

Late Literary Notes.—An old-fashioned sea story full of interest and adventure, with a strong love motive, is begun by W. Clark Russell in the January *Cosmopolitan*. "Ouida" succeeds Groude, Gosse, Lang and other distinguished writers with an installment of the "Great Passions of history" series, which has been appearing in *The Cosmopolitan*. A discussion is aroused by Mr. Edward Bok's article on "The Young Man and The Church," which will consume tons of ink before it is settled. Just preceding the famous Charcot's death he prepared an article for *The Cosmopolitan* on Pasteur, to be published after Pasteur's death. But Charcot has died first, and so with the consent of Charcot's executors, the article is given now. The present "Theatrical Season in New York" is critically considered by Mr. James S. Metcalfe, editor of *Life*, and there are stories by Tourgee, Howells, and the famous French writer Francois Coppee.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

DR. ANNIE WALKER, of Mississippi is superintendent of the hospital at Foo Chow, China.

DR. FRANK S. NEWELL, of Deerfield, Mass., died Jan. 18th, aged forty. He was a native of Wittingham, Vermont.

DR. F. M. COATIS, of Berea, Ohio, writes as "The JOURNAL is always the first one I open among a number of five from different parts of the world."

IN Georgia the new law providing for a State board of medical examiners (really, three boards—regular, homœopathic and eclectic), went into effect on January 1st.

DR. FRANK OBETZ, of Columbus, Ohio, was committed Jan. 17, to the Central State Hospital for the insane. He had been ill for some months, and made a trip south.

WOOSTER Medical College is to have a new and completely equipped building ready for occupation next fall. It will cost $50,000. A large part of this amount has already been secured.

MEDICAL students in Mexico are taking a lively interest in the stiring political events now engrossing that Republic. They were among the first to march the strents of the Mexican capital in a body crying "*Viva Mexico, Viva Diaz.*

THERE has been a severe epidemic of diphtheria prevailing in Wesley, Mass., a Bohemian settlement numbering about three hundred. Already there have been fifty deaths.

SUIT for divorce has been filed by Dr. Marchant, of Washington, C. H., O., from his wife. He alleges infidelity, and asks far the custody of their little son. They are prominent people.

A BILL is pending before the Alabama Legislature, which aims at compelling patent medicines manufacturers to have the formula printed on each bottle. A strong lobby is working against it.

HOSPITALS AND FIRE-ESCAPES.—A bill has been introduced into the New York Legislature providing that hospital buildings over two stories high shall have iron stairways constructed on the outside of the buildings to be used in case of fire.

DESPITE the fact that women have been admitted to the practice of medicine in Bessarabia, only two, Dr. Keck and Dr. Krajewska, have taken advantage of the privilege. In 1893 Dr. Krajewska treated 343 women, 189 children and 30 men.

DR. BOLLINGER, director of the Anatomico-Pathological Institute in Munich asserts that it is very rare to find a normal heart and normal kidneys in an adult resident of that city. The reason for the kidney disease is the tax put upon these organs by the drinking of excessive amounts of beer, and the cardiac hypertrophy and degeneration are secondary lesions for the most part. Formerly the population of the city was recruited by accessions from the country, but the abuse of beer has spread now to the rural communities, so that this source of healthy new blood is cut off.

After an action of practice of fifty-one years Dr. J. Harrison, of Covington, Ohio, plans to retire from the field at an early day and spend the remainder of his life in the calm enjoyment of a well earned rest. He sends us kind words of encouragement regarding the Journal.

Twenty years ago Dr. E. H. Dewey, of Meadville, Penn., wrote explaing that the way to be healthy was to go without breakfast. The cult has lived since then, and according to "The New London (Conn.) Day," there are more than one hundred persons in that town who eat no breakfast.

An "umbrellas to mend man," who did business in London some years ago, under the invariably striped umbrella, dubbed his establishment "An Umbrella Hospital," and advertised the following items of cost for the benefit of his patrons: "Restoring broken rib, 6d.; restoring the muscular power, 6d.; restoring a shattered constitution, 1s."

Dr. Parker Aridney died at his home, Piqua, Ohio, Dec. 23d, 1894. He had graduated in 1894 at the University Medical College, of New York, and gave promise of a brilliant career; but his health failed soon after and in spite of everything that medical skill could suggest, or change of climate accomplish he sank rapidly into the grave.

An Aged Medical Bicycler.—Dr. Westbrook Farrier, of Biddeford, Me., is, so the story runs, in active practice at the age of ninety-eight, and is in the habit of visiting his patients regularly on a bicycle. He attributes his exceptional vigor at this advanced age to the use of wintergeeen tea, of which he is an ardent advocate.

The Chicago College of Physicians and Surgeons is about to be absorbed by the University of Illinois. The University trustees have recommended the purchase of the college for an amount not to exceed $160,000.

Death From Chloroform.—Dr. F. J. Hodges, of Anderson, Ind., recently gave a woman, suffering from a uterine tumor, chloroform. It was then found the tumor did not permit of operative treatment. The patient died soon after regaining consciousness.

The following suggestive advertisement recently appeared in a St. Louis paper: "To Surgeons and Football Players.—Metallic Splints, 21 pieces in case complete, never used, to be sold cheap. $15 for $9. Apply, St. Louis."

The Third International Dermotological Congress has been postponed probably until 1897, first on account of a conflict with the meeting of a British Medical Association soon to be held in London, and again out of deference to the International Medical Congress which convenes in Mos cow 1896.

"Dr. Heine Marks," says a prominent newspaper: a St. Louis hospital physician, claims to have discovered a cure for diphtheria which is superior to antitoxin. It is composed of two chemicals. One is applied by swabbing the throat and the other by a hypodermic injection. He asserts that this system is free from certain objections inherent in Professor Behring's plan; it never promotes abscesses or decomposition by reason of a diseased condition of the horse's blood from which the serum is obtained, nor does it breed other microbes, as the antitoxin will if not properly or carefully handled.

THE Professorship of Physic at Oxford has been held for thirty-six years by Sir Henry Acland, who has just resigned. His place is filled by the appointment of Professor Burdon-Sanderson. It is proposed to raise a testimonial fund of $50,000 for the endowment of the Sarah Acland Home for Nurses.

DR. BERTILLION, the inventor of anthropometrical system, asserts that he has discovered a new process for identifying handwriting. It is based on the measurement of beatings of the pulse, which are said to have in everybody a different and characteristic effect in handwriting. The inventor enlarged specimens by photography till the letters were a foot high, and then the characterized marks were seen.

IN Ashantee no man is ever allowed to see one of the King's wives, and should he happen, through accident, to get a glimpse of one of the "sacred creatures" he is forthwith put to death. The law of the country allows the king to have 3,333 "helpmeets," and no more. These wives all live on two long streets in the city of Coomasie, the Ashantee capital, the quarters occupied by them being locally known by a word signifying "heaven."

ONE of the most fashionable functions given in the East this season was that of Dr. and Mrs. S. Weir Mitchell early in January, introducing their debutant daughter to the most exclusive social circles of Philadelphia. The importance of the event is likely to be emphasized by the presence of Mr. and Mrs. John Astor, of New York, while their cousin Mrs. Wm. Waldorf Astor was laying in her casket in New York awaiting interment. This is the first open declaration of hostilities between the two branches of the Astor family.

How the mysterious principle of life fights to maintain the heat of a body, and then finally surrenders, is curiously illustrated by Pictet, the Genevese chemist. A dog placed in a copper receiver, kept at from 75 to 130 degrees below zero, Fahr., bacame warmer than when he was put in by half a degree during the first ten minutes; and after an hour and a half he was only one degree colder- But soon afterward the animal suddenly died.

Dr. J. E. Lee, of New Haven, Conn., recently acquitted of murder in an alleged case of malpractice, must stand a new trial under a recently passed act, which revives in that State what Macaulay calls "the most absurd and odious proceeding known to the old English statute law," the appeal of murder. The law is clearly unconstitutional under Amendment VI. of lhe United States Constitution.—*Medical Standard.*

THERE promises to be a renewal of the epidemic of typhoid fever, in Cinti. Many new cases have been reported to the Department of Health recently. That appears to cast some doubt upon the belief of physicians that it was brought on entirely by a low stage of the water in the Ohio River. It is likely also the health authorities think that people have grown careless again, now that the epidemic has once been allayed, and are neglecting the precautions they took a few weeks ago.

THERE are fifteen doctors in the Arkansas legislature. The interests of the profession ought to be well well guarded in that state. Speaking of Arkansas reminds us that she is fast coming into prominence on account of her health resorts. The recent meeting of the Mississippi Valley Medical Association, at Hot Springs, has added greatly to its

repute as a sanitarium. The Ozark Mountain regions in the north-west part of the State are said to be unexcelled as a refuge for those afflicted with pulmonary troubles. These same mountain fastnesses not only offer inducements for those in search of health, but, of fortune as well, for they are full of valuable ores, beautiful marbles and coal, only waiting for the advent of the railroad and enterprising settlers.

THE *New York Medical Record* says seventy-four boxes of books, containing the library of the American Medical Association, have been sent from Washington to Chicago, where they are deposited in the Newberry library. So far as we can learn, these books are practically given to this library in return for its care of them. We congratulate the Newberry library and the Chicago profession on its accession. We do not exactly see, however, why the profession of the whole country should establish a medical library which can never be of much service except to the physicians of one particular locality.

DR. BOOTH, an eccentric physician, of Crestline, Ohio, has been taken to the Infirmary. He served during the war, and until recently practiced medicine in Crestline. Drink got the better of him, and recently he has lived off his old-time friends. About three years ago he inherited $36,000 from a comrade in the army, whose life he had saved. Neither had ever married, and made a written agreement to remain single, and whichever died first should leave all his property to the other. The money only lasted two years, as he spent it recklessly, giving presents to everybody, in three instances giving $1,000 diamond necklaces to dining-room girls. He also loaned to professed friends without security. He will have to spend the rest of his days as a pauper.

THE red and white pole which barbers use to advertise their business is said to be but a memorial of the days when it had an actual use. It dates from the time when a barber was also something of a surgeon, inasmuch as he performed the operation of phlebotomy in relieving his patients of superfluous blood he obtained form them such co-operation as he could give by grasping a pole, whereby a more ready supply of blood was secured. As the pole was in danger of being sprinkled with blood, it was commonly paint, ed red. To this and to the practice of twisting the white bandages about it when it was not in use, barbers of a later day owe their conception of the poles painted in red.

"IN a quaint old house at No. 609 Marshall st." says *The Philadelphia Record*, "lives Frank O. Deschamps, who, although over seventy years old, has been inventing things all his life. Mr. Deschamps is as active as a boy of twenty, lives all alone amid his models and contrivances, cooks his own meals, acts as his own housekeeper and is as happy as the day is long. Mr. Deschamps's first invention of note was the artificial leg. It was over fifty years ago when Mr. Deschamps, then an apprentice, was asked by his master to see what he could do for a foppish Frenchman who had lost a leg. At that time only wooden pegs were known, and the Frenchman was dissatisfied with this by no means elegant substitute. In two days young Deschamps had finished a complete model of an artificial leg, with every movement of the natural limb duplicated. His master had it patented, and it yielded him a fortune. 'I got 50 cents out of it,' laughingly remarked Deschamps. 'The Frenchman gave me that and told me to go over to Smith's Island and enjoy myself. And I thought I was in great luck at that.'"

THE St. Louis City Hospital car, the first of its kind in the United States, made its initial trip Dec. 20. It was manned with an ambulance surgeon, a male attendant as nurse and a motorman, in addition to prominent citizens, and was operated on a street car company's tracks. A time-card will be prepared and published, in order that the police and public may know when the car will be due at a given street or designated point. The car is 33 feet long, and inside 24 by 7 feet 2 inches wide. It is divided in the middle by a wooden partition 5 feet 6 feet high, one compartment being for males and the other for females. Both parts of the partition may be swung back if desired.

AT a recent meeting of the Vienna Society of Physicians, Professor Fuchse xhibited a case of transplanting of the human cornea. It is well known that Professor Hippel has succeeded in transplanting pieces of the cornea in four cases; but the pieces of cornea that he transplanted were small, while Prof. Fuchs used flaps of from four to five millimeters in diameter. Large pieces of the cornea, when transplanted, do not become opaque as soon as small ones. The pieces for transplation used by Prof. Fuchs in this case were taken from a human eye. Four weeks had elapsed at the time of exhibition since the operation had been performed, and the piece implanted was perfectly transparent, while in previous cases the opacity had commenced after the tenth day.

THERE is a woman living in the Sinnamahoning Valley, Penn., who was born an Orr, and by marriage she has in turn changed her name to Barnes, Calahan, Rix, Enos, Robinson, Elder and now Bailey. Each of her six dead husbands had been a soldier in the late war, and she married the first one in 1863, when she was seventeen. It is hardly fair to say, either, that these husbands were exactly six, for not one of them had all of himself left when he succeeded to the title of husband to this admirer of the military. Three of the husbands had only one leg apiece; one had only seven fingers, besides being short a leg; another wooed and won the widow with one leg and one arm, and the sixth was minus an eye. This one died three years ago last May. Her present husband is not a veteran of the war, and has all his legs, arms, fingers and eyes. Mrs. Bailey is not yet forty nine, and is the mother of twelve children, two each by her soldier husbands.

"ONE day last week," says a Camden, N. J., physician, "I was called upon to attend a baby who had some infantile complaint. The young parents were naturally alarmed about it, and insisted upon my seeing it twice a day. The child was in no danger, and when I received a summons to come a third time I was busy and postponed my visit for about an hour. When I arrived at the house I found an undertaker there, and the thought flashed over me that perhaps the child had grown worse and died during my absence. My fears proved groundless, however, and I found the little one doing very nicely. The undertaker lingered about for a while, and then left. While bending over the child's crib I noticed a piece of pasteboard stuck in the bed clothing, and, pulling it out, I found It was the undertaker's card. Just as I was leaving the house I met another man at the door, whom I recognized as a rival funeral doctor. A couple of blocks down the street I met still another undertaker, who seemed in a hurry. 'Hello!' I exclaimed: 'where are you going?' 'Just up to Mr. Soandso's,' he replied; 'I hear his baby isn't expected to live!"

A FEW days ago the little son of a well-known physician was entertaining a playmate at his father's house. As children will, they ransacked every nook and corner of the building. Their curiosity led them to explore the recesses of a closet in which the doctor keeps his instruments and other personal effects, among which is a complete skeleton. The strange boy was frightened when he first beheld the grinning remnant of what once had been a human being and started to run away. The doctor's son, however, had seen the skeleton so often that he entertained for it only that feeling of contempt begotten by familiarity, and in a little while succeeded in so allaying the fears of his companion that the youngster began to handle the thing and rattle its dry bones. "Where did your father get it?" he finally asked. "I don't know," was the reply; "but I guess it was his first patient, for he's had it an awful long time."

THE discussion on the value of the diphtheria antitoxin at the Berlin Medical Society, was concluded at the third session of the society. Dr. Schiermann warned general practitioners against employing the antitoxin, which he said should be left to the hospitals for the present. Professor O. Liebreich, director of the Pharmacological Institute of the University, criticized the published serum statistics. He said that the Berlin hospitals had always had a much higher percentage of deaths from diphtheria than the Berlin town practice. This was because, broadly speaking, only serious cases were brought to the hospitals. But since the introductiou of the serum treatment, a far greater number of cases—and cases of all sorts—had been brought to the hospitals, and so it was quite natural that the percentage of deaths had fallen considerably. He considered the serum treatment to be based on fallacies very similar to those which had formed the foundation of the tuberculin treatment. It would be interesting to find out, he added, what action on the organism injection of pure serum would have. Dr. Hansemann, in a few last words, stood to his view that antitoxin is not to be regarded as a specificfor diphtheria.—*Med. Record.*

LAST October, when the winter session of the Toronto Medical School began, there entered as a freshman, one whose luxuriant gray whiskers and somewhat less luxuriant hair bespoke the flight of time. He had not been long in our midst before the secret began to be whispered that Mr. Tubbs was not unknown to fame; in fact, his benignant face adorned the page of one of our city dailies, covering some five columns in width and half a page in length, with the startling legend appended: "Paine's Celery Compound saved my life." Large numbers of copies of the fortunate journal were at once purchased by Mr. Tubbs' fellow students, and the corridors and class-rooms were decorated with his classic countenance. Tubbs and the Compound leaped into sudden and glorious notoriety. Some ingenious student with a loud voice started up. "Paine's Celery Compound saved Tubbs' life," to the air of the long meter doxology, and the boys caught on at once. For weeks the talismanic phrase was chanted to this solemn cadence at every opportunity, winding up with the shouted query, "What saved Tubbs' life?" and the mighty answering chorus, "Paine's Celery Compound." Tubbs stood two weeks of it, and then changed his alma mater. But it's a question if any patent medicine ever had such extensive free advertisement at the hands of the medical profession before.

E. KERSHNER, Medical Inspector U. S. Navy sends the following interesting letter to the *Medicol Record:*

SIR:—I have read, with great interest, the late discussion in your most excellent journal, in regard to malarial infection from water. I write this to show that in my experience malarial disease has not been carried by water in one instance at least. This ship left New York, December 20th, 1892, for Rio de Janeiro, Brazil, and arrived at St. Ducia, West Indies, January, 1st, 1894. From that time until April 1st, the ship touched at only two places, Rio De Janeiro, Brazil, and Bahia, Brazil. No one was permitted to go on shore at either of these places and no drinking water was allowed on board from shore. The drinking water was all distilled on board and was rarely in the tanks more than a few days or a week before being used. It will be seen that it was a physical impossibility for it to absorb or contain malarial poison. But in a crew of five hundred and fifty men there were sixty-two cases of malarial fever; varying in intensity from a mild intermittent to a severe remittent.

Respectfully yours,
E. KERSHNER,
Medical Inspector United States Navy; Fleet Surgeon, N. A. Station.

IN the July issue of the *National Druggist* there is an "alphabetical list of new remedies and chemicals," with brief definition of each. The space required for the list is five and one-half pages. They number no less than two hundred and nine. The most space is given to antitoxin. The following is the guarded description:

Antitoxins—A name applied to a series of serum preparations, derived, by bacteriological processes, from the blood of animals rendered immune from certain infections zymotic diseases, the specific causative (so called *pathogenetic*) microorganisms of which have been (or are supposed to have been) discovered, isolated, and propagated by means of pure cultures. The result of this cultivation is inoculated upon animals, and by successive inoculations the immunity above referred to, is at length attained. The product of the blood of these animals, the serum preparations above alluded to, is called the *antitoxin* of the particular disease that was inoculated upon the animal. We thus have (or will have, if the "fad" continues) a series of antitoxins, such as diphtheria antitoxin, pythisis antitoxin, typhus antitoxin, etc. It is worthy of note that the *National Druggist* is careful not to endorse the latest "fad" experience with using a previous one has rendered them cautious. They will have no back tracks to make on this subject a year hence.

"*The Boston Transcript*" says that of the 146 inhabitants of the little town of Chilmark, on the island of Martha's Vineyard, thirty-six or almost exactly one-quarter, are congenitally deaf and dumb. The town records show that two of the original settlers of the place, away back in the seventeenth century, were deaf and dumb, and the infirmity has thus been transmitted to our own day. This hereditary influence shows no plan of uniformity in its workings, deaf and dumb parents having children in full possession of all their senses, and vice versa. This peculiar community, shut in from the outside world, is, however, alive to all the social and political influences of the time, and does not differ in great degree from the thousand and one secluded villages which dot our New England hills and shore line. It affords, however, ample opportunity for the minute investigation of both the sociologist and the student of evolution and physiolgical heredity.

A GIFT of $350,000 has been made to the College of Physicians and Surgeons of New York City, by Cornelius Vanderbilt, W. K. Vanderbilt, Frederick Vanderbilt, and G. W. Vanderbilt, to build an addition to the Vanderbilt Clinic, a part of the medical school, and the Col. lege of Physicians and Surgeons. This building will be fifty by one hundred feet and five stories high. It will be used in connection with with the Vanderbilt Clinic, and also in connection with the other departments, notably the department of pathology. Another building will be erected by virtue of this gift on Fifty-ninth street, fifty by eighty feet and five stories high, for the department of anatomy. The addition of this building will be used in connection with the dissecting-room. Both this building and the addition to the Vanderbilt Clinic will be completely furnished and equipped by the donors. The two buildings are intended by the Messrs. Vanderbilt as a memorial to their father. Announcement is also made of a gift to the Medical School, from Mr. and Mrs. W. D. Sloane, of $200,000, for the enlargement of the Sloane Maternity Hospital, at Amsterdam Avenue and Fifty-ninth Street. The size of the hospital will be nearly doubled by this addition. Mrs. Sloane will completely furnish and equip the new building, has offered to provide for its maintenance during her lifetime, and will make suitable provision for it at her death. Plans for all these buildings are being made, and work will be begun on them as soon as the weather permits. They will conform to the style of the present buildings. The present gift by the Vanderbilts is a continuation of the munificence which they have shown toward the College of Physicians and Surgeons since the first gift of $500,000 was made by the late William H. Vanderbilt in October, 1884. The aggregate of the gifts to date from members of the family and from William D. Sloane, not including the amounts expended by Mrs. Sloane, over and above her endowment, to meet the operating expenses of the Maternity Hospital, is $1,970,000.

THE foilowing anecdote is of interest to the medical profession: "A Louisville (Ky.) man who says he never drinks, tells of a farmer who has produced a breed of fur-bearing chickens, which sport in ice water and cackle briskly in the midst of almost eternal snow. This was accomplished by skin-grafing a selected cock and hen with rabbit skin, half an inch at a time. The process was painful, but succeeded admirably. Eggs of the new breed sell rapidly at $1.75 a dozen and are hatched out by ordinary hens, who invariably die of fright upon perceiving the strange appearance of their offspring.

GEORGE D. BANEN, the Georgetown College football player who was so badly injured in a game on Thanksgiving Day that for a time his life was despaired of, is reported in a fair way now to recover, but it is feared he will be a cripple all his days. The fifth cervical vertebra was fractured, and the consequent pressure upon the spinal cord produced paralysis below the neck. In spite of the belief of his physicians that death must speedily ensue, Banen continued to live, and his condition finally warranted the surgeons in performing an operation to remove the pieces of fractured bone and relieve the spinal cord. This was undertaken and the patient is reported to be improving in every way. Feeling has been restored to the body and limbs as far as the knees. The physicians are greatly encouraged over the prospects of final recovery. The case presents some unusual features and inquiries have been received concerning it from all parts of the country.

REPRESENTATIVE PRACTITIONERS OF ILLINOIS.

See Page 177.

1. W. E. Gordon, M. D. . . . . Old Ripley, Ills.
2. J. Neil Cox, M. D. . . . . North Henderson, "
3. J. F. Blanchard, M. D. . . . . New Burnside, "
4. F. M. Aguew, M. D. . . . . Makanda, "
5. T. Lee Aguew, M. D. . . . . Makanda, "
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7. B. A. Griffith, M. D. . . . . Swan Creek, "
8. J. N. Black, M. D. . . . . Clayton, "
9. Thos. Earle Black . . . . . Clayton, "
10. S. C. W. Whitcomb, M. D. . . . . Oneida, "
11. Geo. H. Rice, M. D. . . . . Sandoval, "
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14. L. M. Rosat. M. D. . . . . Greenville, "
15. J. G. Ellis, M. D. . . . . Cerro Gordo, "
16. Alf. A. Conkling, M. D. . . . . Belleflower, "
17. G. W. Drury, M. D. . . . . Forsyth, "
18. J. W. Franklin, M. D. . . . . Diana, "
19. F. W. Goodell, M. D. . . . . Effingham, "
20. M. D. Tibbetts, M. D. . . . . Highland, "
21. M. W. Baysinger, M. D . . . . Grand Tower, "
22. I. S. Stevens, M. D. . . . . Schuyler. Neb.